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ABSTRACT

Intended for parents, teachers, and other caregivers, this set of guide booklets presents simple and effective skills for communicating with children and adolescents on a variety of child-rearing and life-safety issues including sexuality and drug abuse. The 23 booklets are: (1) "How To Set Guidelines for Teenage Parties"; (2) "What To Teach Kids about AIDS"; (3) "What To Teach Kids about the Tasks of Adolescence"; (4) "What To Do When You're Worried about Your Kid's Choice of Friends"; (5) "What To Teach Kids about Eating Disorders"; (6) "How To Help Kids Make and Keep Friends"; (7) "What To Teach Kids about Racial Prejudice"; (8) "What To Teach Kids about Sexually Transmitted Diseases"; (9) "What To Teach Kids about Steroids"; (10) "What To Teach Kids about Amphetamines"; (11) "What To Teach Kids about Tobacco"; (12) "What To Teach Kids about Cocaine/Crack"; (13) "What to Teach Kids about Hallucinogens"; (14) "What To Teach Kids about Inhalants"; (15) "What To Teach Kids about Marijuana"; (16) "What To Teach Kids about Narcotics (Opiates)"; (17) "What To Teach Kids about Alcohol"; (18) "How To Stop Enabling and Start Empowering Kids"; (19) "How To Set Limits for Kids"; (20) "How To Enforce Consequences when Kids Violate Limits"; (21) "Communicating"; (22) "How To Teach Kids To Handle Anger without Violence"; and (23) "How To Teach Kids To Resolve Conflicts without Violence." (HTH)

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PS 027 395

The
Parenting for Prevention
Information Series

How to Set Guidelines for Teenage Parties

For Parents, Teachers, and Other Caregivers

Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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Party Time

"Let's Party!" It's a phrase that stirs excitement in the hearts of most teenagers and fear in the hearts of most of their parents. It's not that parents, teachers and other caregivers don't want teenagers to enjoy themselves. It's just that most adults have heard their share of horror stories about what really goes on at teenage parties. Naturally, grown-ups—especially parents—worry about what might happen to their child if there is drinking and other drug use and if the party gets wild and out of hand.

Despite their usually cavalier attitude, teenagers themselves are sometimes anxious and worried about going to certain parties. They want to have a social life, yet they don't want to end up getting in trouble, especially if it is the kind of party that could draw the attention of the police. Teens look forward to parties, want to be included in them, but are not quite sure how they'll be expected to act or whether they might feel pressured by friends to do something they're not really comfortable with. No teenager wants to seem like a "prude" or a "nerd," and all teenagers want to be someone their friends like to party with.

Kids need rules, both for their sense of security and to keep them safe.

For these reasons, parents, teachers, and other caregivers need to be very clear with teenagers on how they're expected to conduct themselves at parties. Kids need rules, both for their sense of security and to keep them safe. As a parent, you need to be aware of your child's concerns. Talk with him or her about potentially difficult scenarios (such as kids spiking punch with alcohol or kids making out in bedrooms). Talking things over ahead of time can reassure you and your child, create mutual understanding of expectations, and prevent unwelcome surprises and disappointments.

Here are some guidelines to help you and your teenager when he or she is having a party or is invited to one:

- Establish basic rules of conduct that apply whether your child is having a party or going to one
- Offer to co-host
- Share responsibilities
- Help your child choose and schedule specific activities
- Devise a guest list and help send invitations
- Get involved in planning decorations, food and drinks
- Act hospitably.

Establish Basic Rules

Begin by discussing potential areas of concern and what rules will apply so that everything goes smoothly. One major area of concern is drinking or use of other drugs. So the first rule should be that no smoking, drinking or other drugs are allowed. This rule should be unequivocal with clear consequences if violated. Another rule should be that no one is permitted to come and go from the party. Certain areas may be off-limits (such as bedrooms or your private office). It will help if you provide enough comfortable places for kids to sit when they're not dancing or playing a game. You may also want to insist that no lights be turned off and no couples should be lying down together in a horizontal position. Be sure your child knows that if rules are violated by anyone, he or she will be asked to leave and escorted home, if need be.

Offer to Cohost

Having parties at *your* house gives you far greater control over your child's safety. Whereas a younger child might more readily agree to the idea of you cohosting, many, if not most, teens prefer that parents be as inconspicuous as possible, preferably invisible. If your teenager asks you to remain in the background, that's fine, as long as he or she understands that you will be present throughout the party's duration. In other words, "no parents, no party!" Your child needs to accept that cohosting (or silently chaperoning) is not a question of your not trusting him or her, but an assurance of maintaining control of your own home. Let your child know that you're there so that he or she can rely on you (and on any other on-site adults) to handle any problems or emergencies that may arise.

Share Responsibilities

Having a party is a privilege, and with every privilege comes certain responsibilities. The best way to have your child take on responsibility is by dividing up the preparations for a party, with each of you taking on certain tasks. For example, you may agree that you will decide on the menu together, that you will purchase the food but that your child will arrange it in bowls or platters and ask his or her friends to bring beverages. Unless *you're* throwing a surprise party for your child, he or she should be actively involved in every aspect from planning to cleaning up. Your help and participation will increase your child's openness to sharing his or her excitement and concerns, and will teach your child the rewards of collaboration. It's best to establish a clear delineation of tasks by making a list of your child's responsibilities and your responsibilities. Here is a sample list you might use:

Teen Responsibilities

- Take the lead in party preparation.
- Inform guests of house rules and consequences. Make sure guests know where things are, such as the bathroom, where to put coats and hats, and where food and beverages are.
- During the party, initiate any special activities or games, and get everyone involved.
- Discourage unacceptable behavior. If necessary, get help from an adult or see that unruly guests leave. (Remember, no one feels comfortable or safe in an uncontrolled environment.)
- Have fun.

Parent/Adult Responsibilities

- Be available to offer supervision, but keep a fairly low profile.
- Be visible when guests arrive, and don't allow guests to come and go.
- Refuse to allow anyone under the influence of alcohol or other drugs to enter the party. If someone is

drunk or "high," notify parents to ensure safe transportation home. If a guest's behavior is rude, wild, or out of hand, ask him or her to leave. If he or she refuses, call the police.

- Be ready to respectfully ask guests to leave if they try to bring in alcohol or other drugs or are otherwise disruptive. (And, notify their parents.)
- Be alert to signs of any alcohol or other drug use going on during the party (and notify parents if this should occur).
- Be warm and welcoming. Smile and show approval when behavior is acceptable. Remember, you're a cohost, not a guard.
- Don't use alcohol yourself during the party or serve it to other adult hosts. This shows teens that adults can have a good time without drinking.
- Be sure to let the neighbors know about the party ahead of time. Let neighbors know what time the party will be finished, and if necessary, discuss parking plans. It's always helpful to thank them for their cooperation.

Choose Activities

Here are some suggestions for activities that might be included in a teenage party:

Dancing
Volleyball
Listening to CDs
Ice skating
Frisbee
Computer games
Barbecue

Card games
Videos
Contests
Soccer
Horseshoes
Pot luck
Fiesta

Swimming
Basketball
Roller skating
Water games
Scavenger hunt
Hay ride
Luau

It's a good idea to design a schedule of how those activities will flow. Overall, plan to keep things moving and have equipment needed for activities at hand. But be flexible. Planning specific activities has the benefit of keeping momentum going, but older teenagers may be more interested in just "hanging out" than in playing games or participating in other structured activities. It's perfectly fine for teenagers to spend time simply talking and listening to music, as long as they don't get bored, or become disruptive, or cause trouble.

Guests and Invitations

Next, help your child decide on a guest list. Again, the older your child is, the less open he or she will be to your input about who and how many should be invited. You can, however steer teens in the right direction by making some of the following suggestions:

- Generally, a smaller group is better than a large number of kids. Smaller parties are more intimate and easier to keep under control.
- Choose guests who know each other and have something in common, such as school, youth activities, or sports. It's far less awkward when kids already know each other and are comfortable being together.
- It's nice to sometimes include one or two new kids, but warn your child that a less well known guest might feel uncomfortable or cause others to be. Also, someone you don't know well could be a potential troublemaker.
- Decide on a clear time limit for the party, keeping

local curfews in mind and be sure to include the starting and ending times on the invitation.

If you wish, design an invitation that can be photocopied and sent to invited guests. Whether invitations are sent or are made in person, or by telephone, they should include information on the type of party and activities, along with the date, time, address, directions, appropriate dress, names of chaperons and phone numbers. If you want or need guests to bring anything to help with the party (food, beverages, games, etc.) or to participate in the party (by wearing costumes or bringing their favorite music), be sure to include this on the invitation.

Finally, make an absolute rule with your child to outlaw party crashing by anyone. Make the following your motto:

If you're not on the list,
this is a party you'll miss.

Decorations, Food, and Drinks

If the party will require specific decorations, decide what would be appropriate. If decorations include any "special" equipment, offer to help your child get or make what's needed, for example, outdoor lighting, posters, streamers, tables and chairs, candles, or art supplies.

Figure out what food and drink to serve at the party and have plenty available. Guests can be asked to contribute food. Choose foods that are simple and that teenagers really like, such as pizza, burgers, or just snack food, such as pretzels and popcorn. Let your teenager be your guide in choosing what food and beverages should be served. Don't go overboard, and remember, you're not orchestrating an adult dinner party. Don't waste money on lavish or expensive food. It won't impress teenagers and most will end up being thrown away.

Begin by planning the menu (a meal? ongoing snacking? a picnic?). While younger children will be very excited to plan a menu and buy refreshments with you, your teenager may insist that you don't need to worry about food. There's no point in arguing. It's typical for teenagers to refuse parents' offers of help. They may not want to think about refreshments until the day of the party. Try to teach them the importance of planning so that guests won't go hungry or last minute food orders don't work out. Agree on a budget, and if your child refuses to plan for refreshments, let him or her know that you won't go emergency grocery shopping once the party begins. The same goes for plates, napkins, glasses, silverware and other supplies. You can save yourself trouble by simply having paper goods in the house; they're unbreakable and make clean-up that much easier. Also, have lots of ice available, and have provisions for refuse and recycling available and apparent.

Act Hospitably

Let your child know that you're happy to give the party and that you want everyone to have a great time. Remind him or her that that good parties can be ruined by "in" groups and "out" groups. As a host, it's your child's responsibility to include everyone in activities and try to avoid cliques from taking over. Parties are for people, and *all* the people there are equally important. The best parties are ones at which every guest feels as if he or she is welcome and helps make the party a success.

Assume that your child can host a successful party and that his or her guests will be civil and courteous. But make sure your teen knows that in the case of trouble, you are fully prepared to call parents and/or the police. This is necessary to protect everyone involved. Finally, tell your child that part of being hospitable means helping to cleanup. After the party, share cleanup. If you end up cleaning up the party without your child's help—or without the assistance of his or her guests—then you have failed to convey this important message to your child: Having a party brings certain responsibilities, one of which is to put things back in order.

If the Party Is Not at Your House

Most parents feel safest when a teenager's party is at their own home. But that's not always the case. Following these guidelines can help to ensure your teenager's safety when he or she is invited to a party at another person's home:

- Know what's up
- Establish contact with the host
- Plan transportation
- Set clear expectations
- Be up when your child returns home
- Anticipate the possibility of sleepovers
- Encourage "thanks."

Know what's up. Find out where the party is, when the party is, what time it starts and ends, who is invited, who the host is, and who the adult chaperon(s) will be. Also, keeping local curfews in mind, establish what time you expect your teenager to be home. Note: Be specific here. If the party ends at 11:00 p.m., telling your child to "come right home" is *not* specific. Instead, agree on a reasonable and specific time, for example, "Be in the house by 11:30 p.m."

Establish contact with the host. Contact the host to confirm the arrangements. Be sure that there will be parent supervision and that no alcohol or other drug use will be permitted. Offer assistance by volunteering to help chaperon or by contributing refreshments. Plan transportation. Make sure you and your teenager know how he or she will get to and from the party. If possible, take your child to the party so that you get a firsthand look at the scene. If your teenager is getting a ride home from another teenager who drives, be sure to make it clear that he or she is to call you if the designated driver has been drinking, or if any other emergencies come up.

Set clear expectations. Go over behavioral expectations that clearly spellout how you expect your child to behave at the party (see *Establish Basic Rules* on page 2).

Be up when your child gets home. Be awake at the time your teenager has agreed to arrive home from the party. If need be, set an alarm or ask your teen to awaken you when he or she returns home. This is a great time for sharing, and even if your teenager isn't responsive to questions about the party, it's still important for him or her to know that you won't rest easily until you know he or she is home safe.

Anticipate the possibility of sleepovers. Have your teen contact you before spending the night with a friend after a party. Scheduling a "spontaneous" sleepover is a classic strategy teenagers sometimes use to avoid detection and consequences for drinking and using other drugs while at parties or out with friends. There are, of course, perfectly innocent situations in which a sleepover invitation is offered at the last moment. In any case, insist that you talk with the friend's parents to confirm that they know and approve. Verify that the parents will be home and that there's no evidence of alcohol or other drug use. If your child objects to the idea of you verifying such requests, there is no need to be apologetic or back off from your position. In fact, you might want to establish a new rule that your child must make sleepover plans in advance.

Encourage "thanks." Suggest that your teen write or phone the hosts to thank them for the party. Teenagers may find this old-fashioned or unnecessary, but good manners never go out of style. As always, be a good role model by thanking the host parents yourself. Being courteous, and teaching your child to be courteous, helps him or her to learn how to establish healthy and respectful relationships so they'll continue to be invited to socialize with other kids—an important part of their overall development.

If you are interested in learning more about our Parenting for Prevention Information Series, we cordially invite you to call, fax, e-mail or write us. Our service representatives will be happy to respond to your questions or requests.

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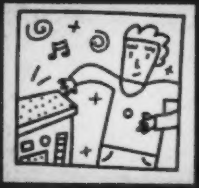

How to Set Guidelines for Teenage Parties

You'll learn:

- Tips on how to host a safe and successful party.
- How to set limits and expectations with your teenager.
- Establish a set of basic rules whether the party is in your home or not.

The skills are simple, easy to learn, and can be used by married or single parents, grandparents, step-parents, foster parents, teachers, and other caregivers.

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The
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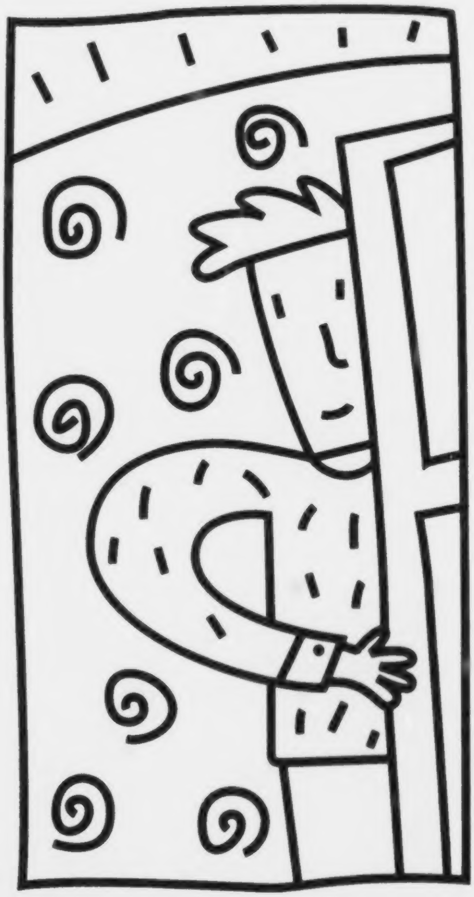
Information Series

What to Teach Kids About AIDS

For Parents, Teachers, and Other Caregivers



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Up until a few years ago, sexual contact may have been strictly a matter of *morality*—and for some, it remains so today—but it was *not* a matter of *mortality*. Today it is. AIDS (Acquired Immune Deficiency Syndrome) has forever altered our attitudes and choices regarding sexual encounters. Never in history has it been so important—a matter of life and death—to educate kids about making wise sexual choices, preferably abstinence, to remain healthy and safe.

As parents, educators, and other caregivers, it's our responsibility to educate kids about every aspect of AIDS.

As parents, educators, and other caregivers, it's our responsibility to educate kids about every aspect of AIDS—how it's transmitted, who's at risk, its symptoms, and its deadly consequences. First and foremost, kids need to know that *anyone* who is sexually active—especially anyone who is sexually involved with numerous partners or with people he or she knows little about—is at risk for contracting the AIDS virus.

What Is AIDS?

In order to educate kids, adults need to be fully enlightened about exactly what AIDS is. Acquired Immune Deficiency Syndrome is a life threatening sexually transmitted disease (STD). This virus cripples the immune system so that a person's body can't fight off germs and viruses and becomes highly susceptible to a variety of other serious diseases. The AIDS virus is found in blood, semen, and vaginal secretions; and so a person can easily be infected through anal, oral, or vaginal intercourse, as well as by coming in contact with the blood of an infected person. For example, many addicts who inject drugs get AIDs by sharing needles with other infected addicts.

A Deadly Disease

AIDS is an epidemic in the United States. At last count, one in every 250 people in America had been infected with the AIDS virus. This dramatic statistic becomes even more frightening when you consider that there is *no* cure for AIDS. Unlike most other STDs, once stricken with AIDS, an individual remains permanently infected. There *are* certain medications available that help decrease and alleviate symptoms, and people with AIDS sometimes do experience periods of remission during which they are relatively symptom free. However, there is yet no cure and no way to prevent it, except to abstain from unsafe sex, sharing needles, and to wear protective masks, gloves and other devices when working with AIDS patients. Although scientists and medical researchers are working fast to discover an effective immunization and cure, for now the fact remains, once a person contracts AIDS, he or she will most likely die sometimes within months, or at best, within a few years.

A Secret Disease

One reason why it's essential to teach kids about AIDS is that unlike most other sexually-transmitted diseases, AIDS does not have any immediate or obvious warning signs or physical symptoms. A person may become infected with the AIDS virus without any tangible signs of the disease appearing for a number of years. The rampant spread of AIDS is due, in large part, to the fact that an asymptomatic AIDS-infected carrier can—and in thousands of cases, does—unknowingly pass on the disease to any person with whom he or she is sexually involved.

The only way to prevent the ongoing spread of this deadly disease is for everyone who is sexually active to be regularly tested for AIDS.

Who Can Get AIDS?

It's important to let kids know that *anyone* can become infected with AIDS. The disease affects both women and men, straight, gay, and bisexual, cutting across every racial, cultural and socioeconomic group. However, a number of factors put some people more at risk for acquiring the disease, including:

- an active sex life (heterosexual or homosexual)
- more than one sexual partner (heterosexual or homosexual)
- sexual involvement with strangers
- intravenous drug use
- hemophiliacs (although this is becoming increasingly rare as blood donors are now routinely checked for carrying the virus).

How does someone get AIDS?

Some parents may be reluctant to bring up the subject of AIDS either because they're uneasy discussing sexuality with their kids or because they assume their children are neither sexually active nor likely to be sexually active for a long time. But this is one conversation that can't wait. Don't avoid or postpone this conversation even if talking about it makes you feel uncomfortable or out of your element. Even if kids aren't sexually active—and yours may not be—the more information he or she is armed with, the safer your child will be once he or she develops a sexual relationship. And knowing the facts—teaching your child about AIDS in a matter of fact manner—is the best way to proceed. The first step is to explain exactly how AIDS is transmitted.

A person CAN get AIDS:

- by receiving a transfusion of blood from an infected person, but blood banks today carefully screen all potential donors for the AIDS virus
- by injecting intravenous drugs with needles that have been used by someone who is infected with AIDS
- by having sexual intercourse with a person (man or woman) infected with AIDS or by having close sexual contact with an infected person, during which bodily fluids are exchanged (vagina with penis, penis with rectum, or mouth with rectum, penis, or vagina)
- by the body fluids of an AIDS-infected person getting into an open sore or wound or by body fluids spilling or splashing on a person so that they enter his or her eyes or mouth
- by a pregnant woman infecting her baby before or during birth

It's equally important to clarify to kids how AIDS *isn't* transmitted by dispelling common misconceptions. Again, don't assume that your child knows the facts. Many kids—and plenty of adults, as well—are ignorant or misinformed, believing that the AIDS virus can be caught by kissing, eating off the same plate, or even by something as seemingly benign as hugging or holding hands. Most kids, especially teenagers, are hesitant to ask their parents questions about how a person contracts AIDS, for fear of seeming stupid. So it's up to you to explain that:

A person CAN'T get AIDS from:

- casual contact with someone who has AIDS
- simply living with someone who has AIDS
- tears or saliva
- donating blood
- insect bites
- drinking from the same glass
- hugging, touching or kissing

Sex in the AIDS Age

Whether or not kids are sexually active, it's critical for both adults and kids to know that, as we enter the 21st Century, sex has become a potentially fatal game of Russian roulette. Kids should be taught to consider any sexual encounter as potentially dangerous. They should always assume that a potential partner might be infected with AIDS. It's like driving defensively; the best way to avert an accident is to drive as if anyone at any time may cut in front of you, run a stop light, or turn without signaling. Being sexually active today requires being defensive at all costs. This means more than using a condom. It means knowing that any time a person has sexual contact with another, each takes a number of deadly gambles:

- that the partner is not infected with AIDS
- that any of the partner's past sexual partners was not infected with AIDS
- that neither the partner nor any of his or her past sexual partners has had the bodily fluids from an AIDS-infected person enter an open sore or wound
- that neither the partner nor any of his or her past sexual partners has ever used a drug-needle used by an AIDS-infected person

- that neither the partner nor any of his or her past sexual partners has ever received a blood transfusion unless it was carefully tested as free of the AIDS virus (routine blood screening for AIDS wasn't started until 1984)
- that the condom being used will not break or be defective

Given these extreme risks, the word "casual sex" has become an oxymoron—these two words no longer fit together, regardless of anyone's individual morality or sexual bent. Whether someone is sexually liberal or conservative is irrelevant. The risks are the same. And even if sexual partners trust one another when they say they're not at risk for AIDS, that trust is no longer enough. If either person has ever had sex with anyone else, both partners are also assuming:

- that past partners were absolutely honest and trustworthy
- that any past partners' past partners were absolutely honest and trustworthy
- that *no* past partners were exposed to AIDS without their knowing about it

That's taking far too much for granted. Sex in the age of AIDS is risky business. It can also be a deadly one.

Protecting Yourself and Your Child from AIDS

Health experts urge people who engage in sex to use condoms to prevent passing semen or other bodily fluids from an AIDS-infected person to his or her partner. However, these same experts point out that condoms are *not* an absolute guarantee against AIDS. Even people who use condoms can—and do—get AIDS. The only sure protection from AIDS—especially for young people—is *abstinence* from all sexual contact. Encourage your child to postpone being sexually involved until he or she is a mature adult. If you're an educator or other caregiver, you, too, can help make kids aware of the risks of sex, especially unprotected sex. But, by the same token, don't be naïve or hide your head in the sand. If you suspect your child is sexually active, it's better to insist that he or she use condoms than to threaten, punish, or avoid reality. If you're an educator who's concerned that one of your students is at risk, depending on your relationship and the school's policies, you might approach the student, get a guidance counselor involved, or—if you believe he or she is in imminent danger—contact the student's parents.

The same applies to intravenous drug use. Ideally, your child—and every child—would know better than to mess with such dangerous chemicals. But in the instance that a teenager is discovered to be injecting drugs, parents should intervene immediately, seek help from chemical dependence professionals, and alert them about their teen's use of needles to inject drugs. The same goes for teachers and other concerned adults. However unthinkable this scenario, it happens; and when it happens adults must do everything possible to keep kids safe.

For adults who have been married to the same person for a length of time or whose partners have tested negative for the AIDS virus, there is considerably less risk of contracting AIDS. Even so, it's wise to protect yourself from physicians or dentists who may be AIDS infected by being proactive. Inquire what precautions the office or clinic you visit takes to prevent the spread of AIDS; for example, ask whether the medical provider wears gloves and a mask, and find out how instruments are sterilized. Instruments should be autoclaved, not merely put into antiseptic solution. As a parent, it's a good idea to talk to your child about AIDS *before* he or she finds himself or herself in a sexual situation which requires the need to say yes or no. Even very young children can be told about AIDS without needlessly scaring them. Knowing the risks, building communication and trust, and teaching kids to practice saying NO are all ways to help them make healthy choices about sexual activity and protect themselves from AIDS.

What If Someone in Your Child's School Has AIDS?

If someone in your child's school has AIDS, you may have cause for concern, but not for worry. Although it's a natural instinct to be protective of your own child, normal everyday contact with a child who has AIDS will not, in and of itself, endanger your child. Medical treatment allows many people who have the AIDS virus to continue to live fairly regular lives, including holding down a job or going to school. In fact, a school child with AIDS is more at risk by associating with healthy children than the other way around. A child with AIDS has no defense against the many "normal" illnesses that pervade the halls and classrooms of most schools: colds, coughs, the flu and other mild and passing infections. If, however, you are worried and anxious, call your child's school principal or nurse and ask what precautions are being taken to not put other kids at risk. Most schools are well-versed in medically researched and accepted prevention techniques and will probably be able to assuage your fears.

What's the Right Attitude toward People with AIDS?

It's important for you to recognize—and to help your child recognize—that no one "deserves" to have AIDS, just as no one deserves to have cancer, emphysema, or multiple sclerosis. AIDS is a disease. It can afflict *anyone.* People with AIDS are like people with any other serious illness. Kids can learn a great deal about acceptance by being aware of, and even personally knowing, someone with AIDS. As always, you are your child's most significant role model. Through example, teach your child to never blame, condemn, make fun of, or be afraid of anyone with AIDS. Instead, take this opportunity to show them how to be compassionate and caring.

If you are concerned that a child or someone else you care about has AIDS or is in danger of contracting the AIDS virus, contact the National AIDS Hotline at 1-800-342-2437.

If you are interested in learning more about our Parenting for Prevention Information Series, we cordially invite you to call, fax, e-mail or write us. Our service representatives will be happy to respond to your questions or requests.

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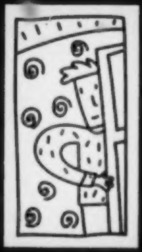

What to Teach Kids About AIDS

You'll learn:

- Why AIDS is a deadly secret disease.
- How someone can and can't get AIDS.
- How to protect yourself and your child from AIDS.
- What to do if someone in your child's school has AIDS.

The skills are simple, easy to learn, and can be used by married or single parents, grandparents, step-parents, foster parents, teachers, and other caregivers.

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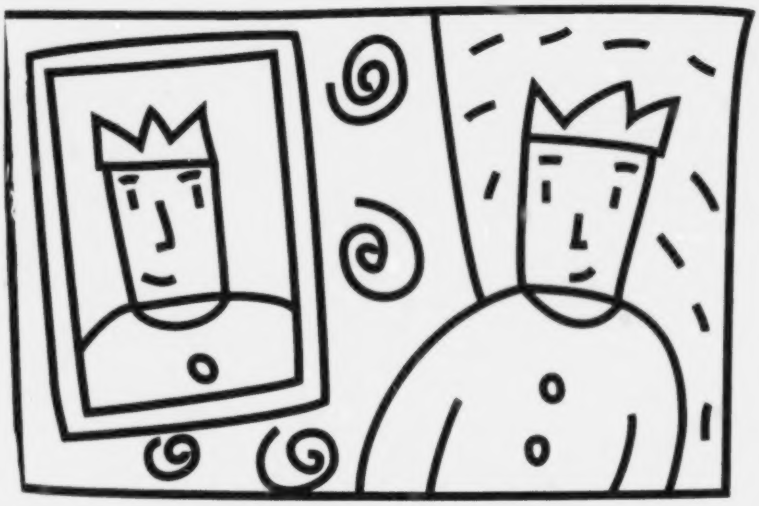
The Parenting for Prevention Information Series

What to Teach Kids About the Tasks of Adolescence

For Parents, Teachers, and Other Caregivers



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Teen Time

If you're living with someone who is up one minute and down the next, overly sensitive to almost everything you say or do, obsessed with his or her looks, and seemingly confused and anxious about all the changes that are happening to him or her, chances are you're living with a teenager.

Coming of age is a difficult transition, requiring parents, teachers and other caregivers to have infinite patience and a clear understanding of what makes teenagers act like Jekyll and Hyde: one minute cooperative, the next minute moody, belligerent and emotionally unavailable. At times, guiding young people through the tumultuous journey toward adulthood is a tough assignment and a thankless task. It's a lot easier, though, on *you* and on them, if you understand and accept that in order to grow up, teenagers *have* to progress through two important stages. Stage One involves a number of disturbing physical transformations and is called *puberty.* Stage Two deals with profound personal growth changes and is called *adolescence.*

In order to grow up, teenagers have to progress through two important stages.

Physical and Personal Growth Time

Puberty is the stage of life during which a young person's *body* matures and becomes capable of *sexual reproduction.* Put simply, the physical changes of puberty signal a young person's capability to become a father or a mother. Adolescence is the stage of life during which a young person's *whole self* begins to mature—mentally, emotionally, and spiritually—and he or she becomes capable of *living* as a full human being.

First, a look at puberty. The *physical* changes that happen to teens and the questions and feelings they experience are normal and common to most other young people of the same age. Some of the most significant physical markers of adolescence include growth in height and weight, menstruation, facial and pubic hair, development of breasts, and vocal deepening, as well as invisible, but highly charged hormonal fluctuations. These changes can be extremely upsetting to teenagers because they have no *control* over what is happening *to* their bodies. Whether they like it or not, the changes simply happen to them, which can be very overwhelming. What sorts of physical changes occur and how quickly they occur vary, depending on age, gender, and genetic makeup, plus a number of other factors. Since most teens worry about whether their physical growth changes are normal, it's important to remind them that some young people go through puberty a bit faster than others, some a bit slower. But all young people eventually develop and grow into physically mature adults.

The *personal* growth changes that teens cope with are also normal and universally shared by other young people their age. The difference is that while the physical transformations of puberty just *happen*, the personal growth changes of adolescence are influenced by teenagers' feelings, attitudes, and choices. Unlike physical changes, which teens have *no* say in, personal growth is a process involving specific challenges that teens have to *meet* and *master*. Navigating adolescence successfully means achieving several important developmental tasks. In other words, adolescence is more like an important job—something that must *be accomplished*, not merely undergone or endured. *Understanding and accepting* the developmental tasks of adolescence enables parents, educators, and other caregivers to help teenagers profit from adolescence, instead of simply *suffering* through it.

Adolescence—A Job Description

To grow into a mature, well-functioning adult, teenagers have to accomplish four major developmental tasks:

1. Develop Individuality *(Becoming one's true self through separation from family)*
2. Experience Intimacy *(Developing a healthy sexual identity and capacity for emotional connection)*
3. Achieve Independence *(Gaining skills to handle increasing freedom and responsibility)*
4. Acquire Integrity *(Forging a sound moral/spiritual value system)*

Developing Individuality

Developing individuality means making the gradual shift from basing one's *identity* on external feedback from family members and other adults to creating one's ***own*** identity, based on *internal* experience. Another way of putting this is learning to think one's own thoughts instead of trying to think like others, or questioning ideas rather than simply accepting the status quo.

Each task of adolescence has a specific goal. The goal of this task is to develop individuality and authority, so that a teenager can confidently say, "I am my own person, capable of thinking for myself and of making my own decisions." Meeting this challenge endows teenagers with several positive attributes: a strong sense of self, well-defined personal values, beliefs, and tastes, healthy boundaries, and the ability to choose freely for oneself. Individuality helps teens feel free, self-assured, valuable, and secure as a result of having a strong say in the direction their own lives are taking.

Sometimes—especially for parents—a teenager's struggle to develop individuality can seem like open defiance. That's entirely normal and understandable. Most young people experiment with different styles of appearance, unconventional ideas, and will "try on" a variety of identities as they try to figure out who they are. And most teenagers at this juncture tend to place peers ahead of parents when it comes to sharing their feelings or seeking advice and support. To parents, a teenager expressing his or her individuality can feel like rejection or cause worry that the child they thought they knew so well has turned into a complete and total stranger whose attitudes, appearance, or choices they don't understand or approve of. But experimentation is simply a requisite and healthy phase, a necessary aspect of developing individuality. Recognizing and understanding teenagers' *need* to achieve this task goes a long way toward helping them do so without taking it personally.

Despite all of the above, teenagers still need and want adult guidance, instruction, discipline, and caring. Teenagers need clear and consistent direction, best taught through example, in how they are expected to treat family members, friends, and other people in their lives, as well as themselves.

Parents, educators, and other caregivers are most effective when they exercise patience while teens experiment and test the limits. One way to ease this transition is by helping teens to recognize the areas of life over which they *do* have control: schoolwork, chores, behavior, choice of friends, values, beliefs, interests, hairstyles, tastes in clothes, music, and other personal preferences. Another way to neutralize potential power struggles is by encouraging teenagers to stick up for themselves by learning to be *assertive* rather than *aggressive;* and to take responsibility for their decisions and choices and the consequences that result.

Experiencing Intimacy

Experiencing intimacy means forging a healthy sexual identity and knowing how to be emotionally close with other people. This is done by cultivating the capacity to love others as well as oneself, and to learn how to establish and sustain meaningful relationships based on mutual respect. Accomplishing this task gives teens a sense of belonging to a community—of being "one" with others—and fulfills the essential human need for connection, acknowledgment and acceptance.

As anyone living with or working with teenagers knows firsthand, most teens are very absorbed in the process of developing sexual identity. Just ask any parent how many hours their teenager spends on the phone talking with or about members of the opposite sex. Or ask any junior or senior high school teacher how hard it can be to get kids to concentrate on a class assignment rather than on each other. This will give you a pretty clear idea of how intensely focused teenagers are on developing sexual identity.

Unfortunately, much of teens' absorption in developing sexual identity and intimacy is only skin-deep. In other words, many teens are overly-concerned—sometimes to the point of obsession—with their appearance or physical attractiveness. Their sexual identity becomes disproportionately based on how they think they look. Like most members of contemporary culture, teenagers tend to equate the ability to experience intimacy with physical appeal. This misperception has serious and damaging long-term ramifications, including leading teens to disrespect their own sexuality and that of others. Instead of valuing their sexuality, they use it as a commodity, buying or selling it in a futile attempt to attain intimacy. Whether teenagers like how they look or reject themselves because they think they're fat, ugly, or unappealing, they can be tempted to use their burgeoning sexuality as a way to get the feelings of love and approval they crave. For this reason, teens need parents, teachers, and other caregivers to teach them how to respect and protect their sexuality and that of others.

Here are some ways to help teenagers experience intimacy in a healthy way:

- Encourage strong friendships with both sexes based on mutual respect.
- Inspire and reward honesty and integrity.
- Express love and concern for who teenagers *are* instead of how they *look*.
- Teach teens to accept and respect different sexual orientations.
- Set a good example by not overly focusing on your own physical appearance, including choice of clothing, hairstyles, etc.

Achieving Independence

Achieving independence is another critical task of adolescence. It involves preparing oneself for the future: Leaving home, supporting oneself, establishing one's own family, interests, and/or social network. The goal of this task is for teens to be able to say, "I am a competent person who can take care of myself, achieve something valuable, and contribute something worthwhile to society." As teens gradually achieve a sense of freedom and independence, their lives take on greater meaning. Feeling independent increases self-reliance, and fulfills the need to be a "valuable member of society." Feeling that they have "come into their own" and knowing that they can handle increased responsibility allows teens to feel capable, confident, and good about themselves. Because of this, it's critical to help teens gain independence by encouraging them to develop the skills that will help them to get what they want out of life and to give something back. Adults can foster this by encouraging teens to pursue their personal interests: learning to play a musical instrument, excelling in a subject, participating in athletics, drama, dance, student council, or other school activities, learning the value of financial planning and saving, developing relationship skills with people of all ages, or pursuing volunteer work that may forge the path to a life profession. All these skills promote independence, self-expression, appropriate self-assertion, and the ability to compromise, which are part and parcel of becoming an independent young adult.

One of the best ways to help teens achieve independence is to encourage ongoing relationships with at least one (nonparental) adult mentor. Although parents may feel threatened by their son or daughter turning to another adult for support or advice, it's important to not take this personally, but rather see this mentor as complementing one's role as parent. Teenagers are often willing to confide in an older person who "understands" him or her in a way that a parent simply cannot. An adult mentor can guide a teen through times of turbulence by listening and offering counsel and advice along with the wisdom of his or her experience without the child feeling pressured to conform to parental expectations. Potential adult mentors for teenagers might include a coach, school counselor, teacher, clergy person, employer, aunt, uncle or close family friend. What matters is that a teen respects and trusts this person. You can reinforce this relationship by encouraging teenagers to share their feelings with another significant adult to get a different perspective on problems or concerns.

Developing Integrity

Developing integrity means establishing a sound moral/spiritual value system. Teens establish values by deciding what is important to them and by being ready and willing to act on what is important to them. Succeeding at this task helps teens feel purposeful and peaceful, gives their lives a heightened sense of meaning and purpose, and fulfills the need to reach beyond themselves and be part of a greater, more spiritual whole. Indeed, values are crucial to becoming mature and responsible adults who can make meaningful choices that reflect their bedrock beliefs.

Parents, educators and other caregivers play a critical role in helping teens achieve integrity. Although this is certainly a lifelong process, it is during the teenage years that kids first begin seriously examining their values and take their first, nascent steps toward living according to what they believe in. To facilitate the process of acquiring integrity, it's important to encourage teenagers to observe and associate with people who exemplify values such as honesty, kindness, compassion, and who are morally upright and strongly principled. And remember that *you*—especially as a parent—are an extremely influential role model. Even though teenagers may seem to disavow everything you stand for, don't be fooled. Surprisingly, teenagers themselves report that parents are the most important people in their lives. Teens watch parents more closely and look to them more intently than anyone else for clues about what to believe, what to value, and how to conduct themselves.

Whether you're a parent, educator, or other caregiver, it's incumbent upon you to model moral values for the teenagers in your life. Don't preach. Just show by your actions that you are a person who values, for example:

- Self-discipline (by challenging and holding yourself to high expectations and standards)
- Responsibility (for feelings, thoughts, and actions and for the consequences those actions might bring)
- Respect for people, places, animals, property, safety, the environment, your community, and the future of the planet
- Working hard (that is, doing your best at a career or profession that is right for you and allows you to be financially stable)
- Being a loyal friend (standing by your loved ones in times of need and standing up for those who are less fortunate or discriminated against because of their minority status or disability)
- Being honest (telling the truth at all times, even when a "white lie" might be convenient, expedient, or further your short-term needs)
- Being generous (sharing your time, resources, and money through charitable acts)
- Acting with fairness and compassion toward all people

When you "walk your talk," that is, when you say what you mean and mean what you say, your teenager learns a valuable lesson from the most influential people in his life—**You!**

No Easy Task

Achieving the tasks of adolescence is a big challenge! Remember, moving from childhood to adulthood is a process, not an event—a journey that occurs gradually, not all at once. Encourage teens to take it a day at a time and a step at a time. Just make sure you are walking beside them, helping to gently lead the way.

Just for Today

Here are four simple thoughts that can help teens accomplish the tasks of adolescence. Share them with teens by having them posted on the refrigerator, in your classroom, or in their bedroom where they can see them every day.

1. JUST FOR TODAY, LEARN SOMETHING NEW AND SHARE IT WITH SOMEONE YOU KNOW.
2. JUST FOR TODAY, STAND UP FOR WHAT'S IMPORTANT TO YOU AND SHOW RESPECT FOR WHAT'S IMPORTANT TO OTHERS.
3. JUST FOR TODAY, LOVE OTHERS AS YOU LOVE YOURSELF, AND YOU WILL DISCOVER HOW LOVABLE YOU ARE.
4. JUST FOR TODAY, TAKE RESPONSIBILITY FOR YOUR ACTIONS, AND YOUR ACTIONS WILL BECOME MORE AND MORE RESPONSIBLE.

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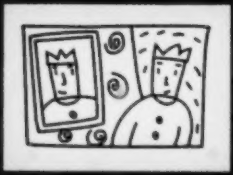

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- The adolescence job description.
- How to help teens through the adolescent job description.
- Four simple thoughts that can help teens accomplish the tasks of adolescence.

The skills are simple, easy to learn, and can be used by married or single parents, grandparents, step-parents, foster parents, teachers, and other caregivers.

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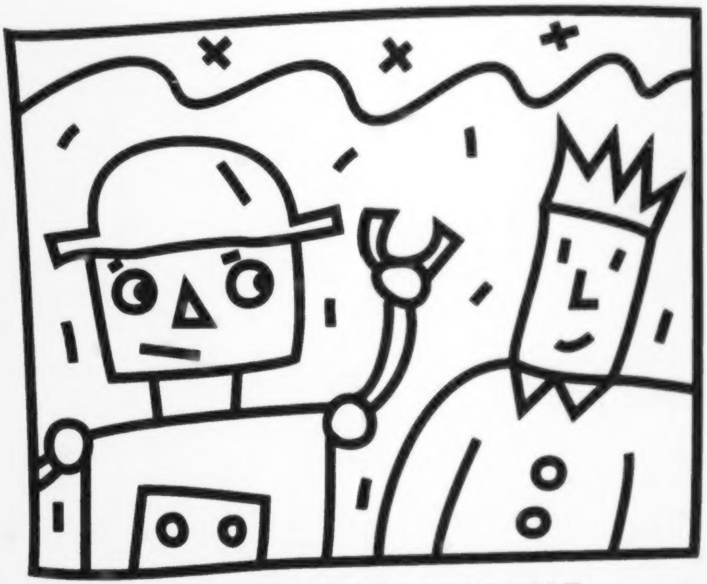
The Parenting for Prevention Information Series

What to Do When You're Worried About Your Kid's Choice of Friends

For Parents, Teachers, and Other Caregivers



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Worried about Your Child's Friends?

Whether you're a parent, educator, or other caregiver, you know how important friends are to kids. Especially for adolescents, having friends and learning to be a friend are critical to helping them develop self-esteem, security, and a sense of self-worth. As a parent, it's natural at times, to be worried or concerned about your child's "choice" of friends. And as a teacher or other caregiver, you also may worry when you see a child becoming friends with another student or peer who you may think is a "bad" influence. If so, it's tempting to want to intervene to help kids make the "right" choices. But beware! If you find yourself criticizing or saying something unfavorable about a child's choice of friends, your well-intentioned desire to help may very likely backfire. Tread lightly. When a child feels as if a friend is being criticized, he or she is likely to overact, defending this friend to the bitter end and becoming even more passionately committed to the friendship.

Having friends and learning to be a friend are critical to helping develop self-esteem, security, and a sense of self-worth in your child.

When it comes to your own child, especially if he or she is a teenager, it's important to remember that you're not his or her *boss.* You do, however, have the right and the responsibility to *parent* your child. So if you believe that a friend is having a negative or harmful influence on your child, you need to do something about it. Despite your child's protestations, you have the benefit of experience and a broader perspective, which makes you a better judge of the situation. You know, too, whether your child is vulnerable or susceptible to negative influences. You can recognize the red flags that signal potential trouble or danger even though your child's choice of a friend may seem exciting or "cool" to him or her.

You can't choose kids' friends *for* them. However, if a friend incites your child to take part in self-destructive, harmful, hurtful, unhealthy or illegal activities, it's up to you to *intervene* immediately. These guidelines will help you teach kids how to choose good friends and companions and how to avoid those who may spell "trouble."

Learn to Recognize Trouble

Your primary concern as a parent, teacher, or other caregiver is to protect the health and safety of kids, which requires being aware of trouble signs. Here are a few to watch for: If a child's friend is using alcohol or other drugs, being habitually truant, exhibiting bullying behavior, using foul language, and is influencing other kids to do likewise, that friend may be "trouble." As a parent, you need to be very clear in telling your child that you disapprove of this friend's *behavior, not* that you disapprove of him or her as a person. Stand firm in conveying to your child that you will not tolerate this sort of behavior from anyone. Emphasize that you will absolutely not allow your child to associate with any friend who threatens his or her safety and well-being, or that of others.

Naturally, as a parent, not all of your child's friends will necessarily be appealing to you. You may be put off by a particular friend's appearance, language, attitude, or the kind of family he or she comes from. Even though this is understandable, personal dislike is *not* a wise or just measure for approving or disapproving of your child's friend. There's a difference between disliking someone's outward appearance—or even superficial way of coming across (a boy having a pierced ear, a girl dressing in suggestive clothing, or a teenager speaking in street slang) versus destructive behavior that can actually harm your child. Besides, labeling a certain friend of your child's as a "bad" kid seldom, if ever, persuades him or her to drop the friendship. Plus you might not know your child's friends well enough to make this judgment call, which is why it's so important to become well acquainted with your kids' friends.

Become Acquainted with Your Child's Friends.

How well do you know your child's friends? The best way to spot a possible troublemaker is to be very aware of who your child is hanging out with. The purpose of getting to know your child's friends isn't simply to be on the look out for "trouble"; actually, it's a way of showing interest in your child's social life and emotional development. Knowing your child's friends, not only who they are, but ideally, being on a first name basis and having an amiable relationship with them, gives you a real advantage. It puts you in a much better position to know which friendships to promote and which to discourage. This exercise helps you determine how well you know your child's friends:

- Take a moment right now to list the names of your child's friends.
- Is your list complete? Good.
- Now, do you know the ages of these friends? Their parent's names, addresses and phone numbers? If not, you'll want to get them and you'll want to learn more about each one of your child's friends, too.

How do you get started? Begin by paying attention when your child talks about his or her friends. Make a point of being aware of which friends telephone your child, regularly visit, ride the same school bus, and/or are involved in the same athletic or other extracurricular activities. Notice whether your child has chosen these particular friends out of proximity (simply because they're nearby) or whether they would appeal to your child regardless of where they live. It's common, especially for younger kids, to make friends with whoever lives in the neighborhood, rather than choosing friends on the basis of shared interests, compatibility, and other characteristics that contribute to mutual attraction. If your child expresses the desire to spend time with a friend from school who doesn't live in the neighborhood, for example, a classmate he or she really likes and admires, it's worthwhile to go out of your way to facilitate a time for them to get together and get to know each other better.

Simply talking about friends with your child gives you lots of information about who your child is choosing to associate with. But equally important, it sends your child the message that you care about who his or her friends are and know how important these friendships are.

Give Yourself the "Home Court" Advantage

Perhaps the best way to learn about your child's friends is by encouraging them to visit your home. This has a number of benefits:

- It allows you to observe in an up-close and personal way how your child and his or her friends interact with one another—and with you.
- It encourages your child and his or her friends to see your home as a fun, hospitable, and comfortable place to spend time together.
- It allows you to become familiar with your child's friends' interests and behaviors.
- It enables you to oversee and subtly guide your child's behaviors and activities.

Being visible becomes increasingly important as your child enters adolescence.

Opening your home to your child's circle of friends not only helps you get to know your child's friends; it also lets them know that you are a parent who is interested in your child and in them. Being visible becomes increasingly important as your child enters adolescence. You'll want to let his or her friends know that they are welcome in your home and that you want them to have fun but that you also expect them to behave appropriately, and you'll be there to observe.

Get to Know and Foster Your Child's Interests, Preferences, and Favorite Pastimes

When it comes to helping your child with his or her choice of friends, getting to know your child's circle of friends is only one side of the coin. The other side is knowing your own child—becoming familiar with his or her particular likes and dislikes.

As you did earlier, take a moment now to make a list of the activities that most appeal to your child. Consider hobbies, musical tastes, favorite sports, and any other endeavors that your child is involved in. If you have trouble making this list, look for opportunities to casually observe—or even ask—where your child's interests lie.

You can draw from this list to help influence your child's choice of friends. Kids sometimes make poor decisions when it comes to friends simply because they don't know *what else* to do. They may choose friends who seem "cool" because they dress a certain way or belong to the "in" crowd, rather than choosing friends with whom they share interests, tastes, and values. By being conscious of a child's particular personality and interests, parents, educators, and other caregivers can gently steer kids toward making good friends and pursuing positive and productive activities.

Fostering your child's favorite activities can also help you keep your child busy and less available to spend time with friends who may spell trouble. Pets, hobbies, sports, boy scouts or girl scouts, or after-school activities, for example, can help keep your child engaged in activities that are safe, enjoyable, and help build confidence and self-esteem. Don't worry about overstructuring your child's schedule. Remember: kids need structure. In fact, they thrive on it. Structured activities keep children interested, combat boredom, and involve them with friends who are like motivated.

Recommend and Participate in Alternative Activities

Suppose you notice that your child and a friend are involved in activities that may have hurtful or destructive consequences, such as spending time around a construction project, playing near deep water, or hanging around a known drug dealer's house. Your initial reaction may be to prohibit such activities or to forbid your child to associate with that particular friend. Doing so may be within your rights—and certainly falls under the auspices of protecting your child from danger. But you also may risk alienating your child or even unwittingly setting up a situation in which your child lies about his or her friends and/or whereabouts.

Here's an alternative. Drawing from the list you made of your child's favorite activities, try to get your child involved in another activity—an activity you already know he or she enjoys. For example, suppose you know that your teenage daughter enjoys shopping at the mall. If she says she is planning to hang out with a friend you believe exerts a negative influence, you might say, "Oh, I was hoping we could go shopping together at the mall" (a preferable activity, especially if you intend to buy her clothes!) If your child feels manipulated by your alternative suggestion and confronts you about it, be honest, for instance saying: "Yes, I do worry when you go to the mall with 'Jamie.' I feel safer when you're there with me or with one of your other friends." If your child remains resistant, simply say: "I hope that you'll give some thought to my concern," and continue to offer alternative activities and friends.

Suggest Alternative Friends

You can also use the list of your child's favored activities in combination with the list of his or her friends. Again, offer an alternative activity that you approve of, only this time suggest that your child share the activity with a different friend. Be sure the friend you suggest is someone you know your child really likes, preferably a friend who is interested in the same activity, and who has a positive and healthy influence.

Recognize that keeping your child busy also means that *you* will be kept busy. Especially when your child is still in grade school, your time and effort are required to help facilitate friendships. It takes time and effort to get to know your child's friends and favored activities. You may need to alter your schedule to share an alternative activity with your child, such as taking him or her to a ball game or concert. You may have to transport your child to visit a friend who lives outside the neighborhood or to take part in new, more favorable activities. Making the effort is part and parcel of good parenting. If you think you're already too busy, think again. Nothing is more fulfilling to a parent than sharing meaningful activities with one's child. And nurturing healthy friendships is essential to helping your child learn to make wise choices in friends now and in the years to come. It definitely takes going out of your way. But it's well worth the effort.

Teach Your Child the Value of Friendship

Even if you already have a strong and involved relationship with your child, it's important to discuss friendship with him or her. All kids, even teenagers, although they may appear to ignore your opinion or avoid interacting with you, are actually flattered by your interest in their thoughts and ideas. The key is to initiate an open and *equal* exchange. Sometimes parents tend to talk *too* much without giving kids equal time. In discussing friendship, share your thoughts, but be sure to ask your child's opinions. Pay attention to his or her thoughts and make it clear that you take them seriously.

Another tip: When you discuss friends, try to make the setting and the discussion very informal. (Some of the best conversations with kids occur while driving in the car, clearing the dinner table, or while they're getting ready for bed.) Avoid turning the conversation into a lecture or a time to criticize or explain why you are uncomfortable with a specific friend. Simply show your interest and curiosity and chat with your child. Stay positive. And remain neutral. The underlying aim is to help your child become more objective about his or her friends so that he or she can choose friends wisely without rebelling against your stated preferences.

Begin by asking what qualities or attributes your child likes in a friend. If he or she finds it difficult to answer, you might offer a few examples, such as openness, loyalty, generosity, fun to be with, positive attitude, and honesty. You can suggest other qualities, but it's best to frame this as a question. For instance, you might ask, "What about humor? Or outgoingness? Does that matter to you in a friend?" Try to restrain from imposing your values in favor of drawing out and respecting your child's.

Next, go on to help your child evaluate his or her friends to see which ones demonstrate the qualities that he or she admires. The objective is *not* to encourage your child to make judgments, but rather, just to get him or her thinking objectively—perhaps for the first time—about his or her choice of friends. As you talk, guide your child to draw his or her own conclusions about which friends possess what he or she feels are positive qualities and which ones fall short of his or her standards. Whatever you do, resist the urge to overly praise or put down certain friends. Being too enthusiastic can be as much of a turn-off as being overly critical.

This may seem like a good opportunity to put in your two-cents worth, but the less said the better. Just listen. If you listen openly and objectively, your child is more likely to share his or her feelings and be receptive to your feedback.

This type of nonthreatening discussion can help your child be better prepared to develop healthy, positive associations. It also can help your child make good decisions about which friendships to cultivate, which to avoid, and which to end.

Be Fair but Firm

If your child continues to associate with a friend who habitually involves him or her in potentially destructive behavior, you may be forced to put your foot down and say **NO.** There are times—even when your child is a teenager—when allowing a certain relationship to continue is simply too dangerous. If you have to prohibit your child from being friends with another, make sure your child recognizes that you are concerned about his or her well being. Don't be afraid to say straight out "As your parent, it's my responsibility to keep you safe." Discuss your concerns in a general way, rather than focusing too much on the specific friend in question. For example, instead of saying "You may not spend time with Larry because he has a foul mouth" or "I forbid you to hang out with Janet because she has a history of shoplifting," say something like "I don't want you to associate with anyone who is constantly swearing or who gets in trouble with the law."

Remember: Don't give the impression that you simply dislike the friend. Again, comment on the negative behavior, but don't condemn the person. Be fair but firm. Your child may complain, threaten or even outrightly rebel. Don't be intimidated by statements such as "You hate all my friends" or "You can't tell me who I can or can't be friends with." These may be your child's initial response; however, if you consistently remind him or her that you worry all the time when he or she is with that particular friend, your child may start feeling that continuing the friendship just isn't worth it.

Ultimately, your best ammunition is to reinforce your child's choice of friends who are "right" for him or her, friends who are fun to be with, *and* who have something positive to offer.

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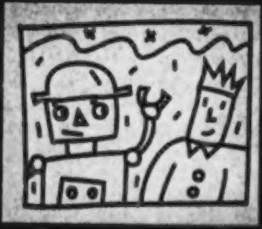

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What to Teach Kids About Eating Disorders

For Parents, Teachers, and Other Caregivers

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What's So Bad about Feeling "Good"?

Everybody wants to feel good about how they look. But when it comes to kids, especially teenagers, being overly focused on physical appearance can lead to serious and sometimes life-threatening eating disorders. Teenagers, particularly girls, are unrelentingly critical of themselves. They may spend hours staring at themselves in their mirror scrutinizing their facial features, hair, or complexion for flaws. They may spend hours too, trying on clothes, agonizing over every "imperfection," bemoaning the fact that they don't look good. Coming of age in a culture that emphasizes appearance based on unattainable standards of physical beauty can cause young people—especially females—to become fanatical about looking "good."

It's nearly impossible for teenagers to feel acceptable, given how susceptible they are to the barrage of overt and subtle messages about body image that our culture perpetuates.

But what does looking "good" really mean? After all, "good" is not a *feeling,* it's a *judgment.* So when we say something is "good," what we're really saying is that we "judge" it as acceptable. Likewise, when we say, "I feel good," what we're really saying is "I feel satisfied" or "I am acceptable." But it's nearly impossible for teenagers to feel acceptable, given how susceptible they are to the barrage of overt and subtle messages about body image that our culture perpetuates. Let's face it, in our society "to be in is to be thin." Advertising, TV, movies, and magazines seem to equate thinness with beauty, health, sex appeal, and even "goodness." A person who isn't stick skinny, therefore, is someone who is not beautiful, healthy, sexy, or good. Teenage girls are particularly vulnerable to excessive dieting in order to be "model" thin, sometimes to the point of becoming emaciated. No wonder so many young people today believe that their appearance is unacceptable, don't feel "good" about themselves, and are at risk for developing eating disorders.

As parents, teachers and other caregivers, we have to do everything in our power to help kids form a healthier self-image. We may not be able to compete with the psychological, social, and cultural images that inundate kids. And we can't stop kids from comparing themselves to others and from feeling judged by peers, the media, and even strangers who make comments that translate into "You're not acceptable. You should be taller, thinner, blonder, or dress in a certain way." But we *can* help kids feel better about themselves by encouraging them to put these unrealistic images in perspective and learn to accept and appreciate themselves. Helping kids form a more positive attitude toward their bodies can make the difference between a teenager who *diets* occasionally for health reasons, and one who is at risk of becoming sick or even *dying* from an eating disorder.

What Is an Eating Disorder?

If you're a parent, teacher or caregiver concerned that a child you care about may have or be developing an eating disorder, it's important to understand the basics of this illness. Put simply, an eating disorder is an unhealthy and disturbed relationship with food, which can lead to serious medical problems. People with eating disorders do not see food as a source of nutrition, sustenance, health, or even satisfaction. Instead, they have an abnormal relationship with food, perceiving it as an enemy or something "bad," rather than as something good, or at least, a natural and necessary part of healthy living. Sometimes people with eating disorders are confused about whether food is good or bad. They're torn between fixating on food and desperately avoiding it. Eating disorders generally develop during adolescence, but they can continue throughout life, often with disastrous results. The two most common and dangerous types of eating disorders are anorexia nervosa and bulimia.

Anorexia Nervosa

Anorexia nervosa is a *hate relationship* with food. In essence, it is self-imposed starvation. People with anorexia nervosa have a distorted body image and an intense and irrational fear of gaining weight. Weight loss—even severe weight loss—does not lessen that fear. In fact, some anorexics still claim to "feel fat" even after they have lost as much as twenty-five percent of their original body weight. That's why, when a 90-pound anorexic looks in the mirror, he or she "sees" a reflection of someone who is obese. Reasoning with an anorexic by showing them the actual numbers on the scale, pointing out that their clothes are falling off, or explaining how important it is for them to eat more is futile. It is a losing battle because anorexics are convinced that they're too fat, and there is no logical way to convince them otherwise.

What causes such a distorted body image? Anorexia nervosa generally begins as a fear reaction to a dramatic or traumatic life-change, such as:

- the onset of puberty
- the end of a significant relationship
- a change in friendships
- a move to a new house or school
- a change in family structure or makeup, such as a divorce or remarriage.

It can be terribly frustrating—especially for worried parents—to deal with a child who refuses to eat. It is frightening for parents to have to watch helplessly as their child shrivels away. Parents may even become angry and resort to using guilt, threats, or ultimatums to get their child to eat. However well intended (and natural—what parent wouldn't be terrified?), these tactics don't work. It's important for parents, teachers and other caregivers to know that someone who is anorexic isn't being stubborn or rebellious. Anorexics are tyrannized by genuine fear that stems from feeling that they are inherently "bad" and that their entire life is out of control. The response, however misguided, is to try to regain a sense of control in the only way they know, by counting calories, meting out tiny portions of food, and, as the illness progresses, refusing to eat at all.

But no matter how hard an anorexic tries to control his or her life through starvation, no amount of self-deprivation alleviates the inner fears that motivate this behavior. Instead, a vicious cycle begins. Instead of feeling in control from excessive weight loss, anorexics become *more* obsessed with being thinner and thinner. They try desperately to strip themselves of any visible body fat. Even when an anorexic becomes dangerously thin by medical standards, he or she feels compelled to lose more weight through strenuous exercise. Eventually, and often very quickly, this leads to physical deterioration, including:

- high blood pressure
- liver and kidney damage
- changes in or disruption of the menstrual cycle (in females), even infertility
- heart disease and/or heart failure
- stroke, due to brain shrinkage
- rectal bleeding
- hair, nail, and skin problems
- sensitivity to cold (due to the loss of body fat and muscle tissue)
- cardiac arrhythmia
- tooth and gum decay
- seizures
- depression
- suicide

Even if anorexics intellectually recognize that something is wrong with their obsession with being thin, they will deny the problem and keep trying to lose even more weight. Anorexics aren't able to see that their behavior is abnormal because they've lost their ability to perceive reality. This also affects their relationships with people. Anorexics feel ashamed, unacceptable, unlovable, and inadequate, which makes them isolate themselves and diminishes their capacity to receive the love, feedback, and support they so badly need.

Bulimia

Bulimia is a *love-hate relationship* with food. People with bulimia "love" food to death. They use it to help them cope with stress and "fill" their inner feelings of emptiness. Typically, bulimics "binge-eat," consuming large amounts of food in a brief period of time and then "purge" themselves by fasting, severe dieting, exercising, using diuretics and laxatives, and, most commonly, by self-induced vomiting.

Bulimia generally begins when a person decides to impose a severely restrictive diet on himself or herself to lose weight and feel "good." This type of dieting leads to intense feelings of hunger. To satisfy that hunger, the person begins to overeat and seek out food as a means of comfort. Binge episodes are generally short (two hours or less). A large amount of high calorie food is consumed during this time, a gallon of ice cream or dozens of donuts. Stuffing down huge quantities of food causes the person to feel ashamed, guilty, and terribly out of control. If these feelings become twisted into the judgment "I'm a 'bad' person because I'm out of control," the bulimic may react with fear—and, like the anorexic, turn to purging as a way to gain back a sense of control. Before long, bingeing and purging become habitual, taking over the person's life and resulting in self-hatred and depression. If not recognized and treated, bulimia creates serious physical and emotional health problems, including:

- tooth and gum decay
- changes in or disruption of the menstrual cycle (in females)
- heart disease
- harm to the digestive organs and tract
- swollen or infected salivary glands
- muscle problems: cramps, numbness, stiffness
- liver and kidney damage

Bulimics often recognize that something is wrong with their behavior. Even so, many feel ashamed and forced to keep their condition secret. Living in a state of secret shame alienates bulimics—like anorexics—from loved ones who could potentially help them get the professional medical attention they require.

Who Develops Eating Disorders?

Anyone can develop an eating disorder. However, a majority of anorexics and most bulimics are female. Since eating disorders often become evident during the adolescent and teenage years, kids need to be made aware of what can make them vulnerable to this illness so that they can recognize danger signs in themselves and in their friends. Although there's no "typical" profile, young people who are susceptible to developing anorexia may have any or all of the following signs or symptoms:

- a distorted body image
- low-self esteem or a lack of personal confidence
- a history of having been consistently teased about weight
- impulse, bonding, or other kinds of emotional disorders
- a history of sexual abuse
- chronic obsession with physical appearance.

Like anorexics, bulimics come in every shape and color. However, research has shown that young people who are susceptible to developing bulimia have any or all of the following signs or symptoms:

- an appearance of healthiness but having a distorted body image
- low self-esteem or a lack of personal confidence
- a high need to achieve and/or to be and do things perfectly
- feelings of ineptness and inadequacy in their relationships.

Treating Eating Disorders

Eating disorders are treatable. In fact, treatment is *necessary* to recover from an eating disorder. It's critical for parents, teachers, and other caregivers to let kids know that having an eating disorder is nothing to be ashamed of and that help is readily available.

Everyone who has an eating disorder needs:

- the help of a physician and sometimes even hospitalization if health is badly deteriorated
- individual psychological help from a trained therapist to deal with the emotional problems associated with the disorder: denial, fear, guilt, depression, shame, anger, and distorted body image
- family therapy to promote understanding of the disorder and to create a more supportive home environment.

If you suspect your child may have an eating disorder, don't delay. Be courageous enough to get help. Call your physician or a local mental health center and be sure to insist on a referral to a professional trained in treating eating disorders.

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The
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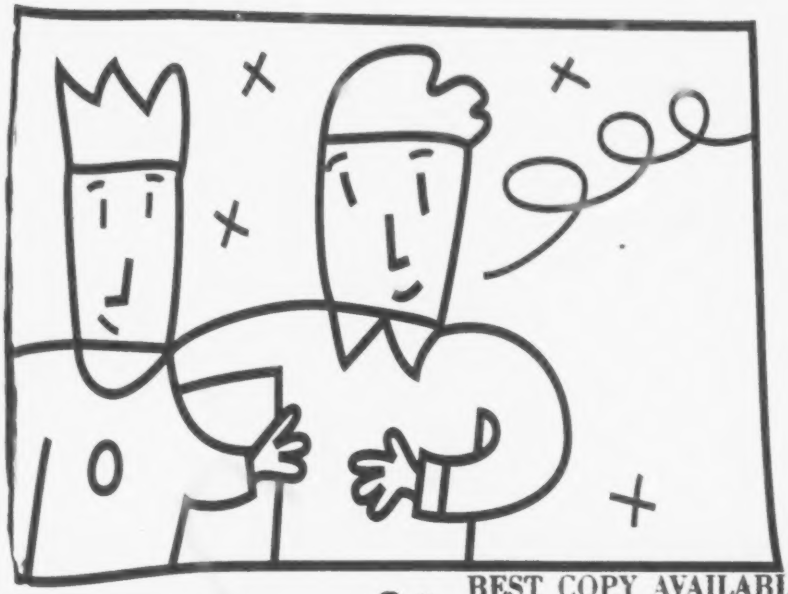

Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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Being "Friends"

Everyone wants to belong, to be "in," to have friends. Whether you're seven, seventeen, or forty-seven, knowing that you are worthwhile, that you *count,* has a critical impact on how you see yourself. The importance of friendship begins developing in early childhood and peaks during the teenage years, when self-esteem, security, and sense of self-worth are directly related to being popular and having friends.

But being a friend takes real effort. Friendship requires openness, honesty, and a willingness to give and take. Friendship means reaching out to another person, putting yourself on the line and risking the possibility of not being accepted. This can be scary because kids, especially teenagers, are highly vulnerable to rejection. What if *they* make the first move and the *other* person doesn't respond?

As parents, educators, and other caregivers, part of our job is helping kids learn how to develop real friendships based on mutual respect. This takes a certain set of skills. Certainly, now and then, a friendship just "happens," but that's the exception to the rule. More often, making friends involves conscious effort,

Part of our job is helping kids learn how to develop real friendships based on mutual respect.

confidence, and the ability to extend oneself, which doesn't necessarily come naturally, especially to teens. Some kids are shy, and most are somewhat insecure. Still, no child wants to feel lonely or left out. That's why it's so important for kids to learn how to make friends, regardless of how scary or difficult the task. And it's important for kids to be taught how to make friends by caring adults.

A Plan for Making Friends

Although there's no foolproof plan for making friends, it's still a good idea to have a set of guidelines you can offer to kids. Here is a basic approach you can use with both younger children and teenagers:

1. **Think about who you'd like to be friends with and why. Then ask yourself these questions:**
   - What kinds of things do we have in common? (Sports, hobbies, music, school subjects)
   - What do I like about this person? (Is he or she nice to be with, talk with, have fun with? Is he or she someone I can feel comfortable and safe with?)
   - Can I accept this person's differences as well as enjoy what we have in common? Remind kids that a friend doesn't have to think or act exactly the same way they do. Nor does a friend have to be the same age, sex, race, religion, or have a similar lifestyle.

2. **When you want to make friends with someone, introduce yourself to the person by doing the Five S's:**

   - Smile
   - Stand tall
   - Say "Hi"
   - Share your name and some small talk
   - Schedule a time to get together to shoot hoops, surf the Internet, play Magic, listen to CDs or go to the mall on Saturday.

3. **Don't expect everything to turn out great the first time.**

   Not everyone is ready to be a friend. That's okay. If things don't flow or the person doesn't seem to want to get together again, don't take it personally or give up on friendship. Not everyone is compatible. Keep trying. There's a friend out there just waiting to meet you.

4. **Never be pushy, jealous, or competitive.**

   Pushy, jealous, or competitive people aren't fun to be with. A friend needs room to have other friends besides you. Don't force a friend to prove his or her loyalty.

5. **Be yourself.**

   Friendship demands having the courage to be yourself—and then letting the person choose whether or not to be your friend. You may think to yourself, "Oh, she's so popular, she'd never want to be friends with me." Or "He lives in a fancy house. He'd never want to hang out where I live because we don't have a computer or a wide-screen TV." Maybe so. But you'll never know unless you dare to be yourself—be proud of who you are—and try to make friends.

6. **Listen to your friend when he or she needs to talk, and only say what you really mean. And always respect your friend's privacy.** That means if your friend wants to share a secret or a problem, *just listen.* If asked your opinion, answer honestly without judging the other person. Always try to do what's best for your friend. What's best for a friend is generally what's best for you *and* for your friendship.

7. **Never gossip or say mean things about other people.** If a friend makes a mistake or hurts your feelings, say how you feel, then forgive and go on. Friends give each other second chances when they goof up.

What Is a Friend?

Put simply, a friend is someone we like, respect, and want to be with. In fact, however, there is no easy definition of "friend." That's because "friend" is much more a verb (an action word) than a noun (a name word). In other words, it's your actions—the phone calls or plans you make to include someone in a social activity, the words you say to encourage someone, the times you stand up for someone—that truly make you a friend. When it comes to friendship, actions speak louder than words. Here is a friend in action:

- A friend is someone who trusts you. A friend understands you and accepts you not for what you can *do,* but for who you *are.* A friend is someone you give back to by trusting, understanding, and accepting him or her.
- A friend is someone who believes in and respects you, who tells you you're great not only when you do something well but even if you fail—as long as you try.
- A friend is someone you can lean on for support and someone who can lean on you.
- A friend is someone who will tell you the truth about yourself—without ever dissing you or putting you down—regardless of whether you're struggling or succeeding.
- A friend is someone who shares some of the same likes, dislikes, interests, and ideas as you, but who also has his or her own unique interests, values, and ideas.

- A friend is someone with whom you can share secrets, dreams, and feelings, knowing that he or she will not judge, gossip, be disloyal or use the information against you.
- A friend is someone who knows you're not perfect and lets you be "not perfect" without abandoning you.

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Qualities of Friendship

Here are some qualities of friendship that can help kids understand the difference between an acquaintance and a friend.

Friendship Is . . .

Freely Chosen

You have to *choose* to *be* a friend, and you have to *choose* who you want to *have* as a friend. No matter what, to *have* a friend, you have to *be* a friend.

Open

In real friendships, friends can be who they really are. Friends never have to wear masks or pretend with one another. Friends can share real feelings, support one another, and help each other solve problems. Being open allows loyalty, trust, and respect to flourish and grow.

Nonjudgmental

Friends accept each other for who they are, *not* for what they might want the other to be. This also means that friends give each other hope and accept each other's imperfections.

Loyal

Friends stand by each other, have faith in each other, and keep each other's confidences. They don't bail out if the other is having problems or being criticized.

Reciprocal

Friends give and take. Sometimes one person offers a gift, lends a sympathetic ear or does more of the initiating, but it evens out in the end. And one of the marks of a real friendship is that each person has unique and different "gifts" to bring to the friendship.

Satisfying

Friendships are enjoyable. Friends get a kick out of each other, have fun together, learn from one another and share meaningful experiences.

If Kids Have Difficulty Making Friends

Here are some ways to help kids who have difficulty making or keeping friends:

1. **If kids argue or fight with friends, show them how to offer alternative suggestions to settle the argument or encourage them to compromise in some of the following ways:**

   - *"Let's play a board game instead of the video game."*
   - *"I'll play the video game with you first, if you'll play the board game with me afterward."*

2. **Remind kids to show interest in and to ask their friends questions when they're together, such as:**

   - *"What do you want to do today?"*
   - *"You look bored. Do you want to do something else?"*

3. **Encourage good listening skills—listening openly without judging.** This means more than simply hearing what another is saying. It means paying attention, "getting it," understanding what the friend is really trying to convey.

   - *"Okay, I know what you mean. You just want to hang out. Cool!"*
   - *"I understand why you feel weird about going to that party where you won't know anyone.*

You can teach kids to listen openly without judging simply by encouraging them to:

- Make eye contact when a friend is speaking.
- Compliment (say something nice) when the other does well: *"Wow! That was a great picture you drew!"*
- Smile and offer help, suggestions, and encouragement: *"I'll push the swing" or "Try the game again. I bet you'll get a higher score this time."*

4. **Try to be empathetic by noticing and responding appropriately to friends' feelings.** Being empathetic is simply a matter of understanding what the other person is feeling and then letting him or her know you understand by describing these feelings in your own words. *"You feel bummed out today because your hamster is sick."* Or *"You're worried because your dad is out of work."* The ability to understand and share feelings is crucial to making friends and keeping them.

5. **Finally, and most importantly, tell your child to think about how he or she wants to be treated by a friend, and then, to be that kind of friend to others.** The Golden Rule, "Do unto others as you would want them to do unto you," applies perfectly to friendship. If you want to be respected, *be* respectful. If you want a friend to listen to your feelings, *be* a good listener. If you want loyalty, *be* a loyal friend who can be counted on through thick and thin.

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The
Parenting for Prevention
Information Series

What to Teach Kids About Racial Prejudice

For Parents, Teachers, and Other Caregivers

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Racial and Ethnic Prejudice

Prejudice is a widespread and deep-seated problem in schools, communities, and throughout the country. As parents, adults, and other caregivers, it's up to us to teach kids the dangers of *racial* prejudice—negative attitudes or behavior toward a specific race of people—and *ethnic* prejudice—negative attitudes or behavior toward a specific nationality. Kids need to understand how prejudice hurts people, destroys relationships, divides communities, and can lead to violence and even war.

Racial and ethnic prejudice is a destructive force, one that can be dispelled through understanding and sensitivity.

Everyone, including children, is harmed by racial and ethnic prejudice. As we become more and more integrated into a heterogeneous society, kids have to interact with other kids from diverse racial and ethnic backgrounds. In fact, today in the United States, schoolchildren come from a rainbow of varying racial and ethnic groups: Hispanic, Asian, Native American, Black, Hmong, and East Indian, to name a few. For this reason, it's very important that kids be taught—as early as possible—that racial and ethnic prejudice is a destructive force, one that can be dispelled through understanding and sensitivity.

Of course, kids aren't born with racial and ethnic prejudice; they learn to dislike or distrust members of a certain racial or ethnic group from adults. Kids imitate what they see and hear in their homes, at school, in church, on television and in the movies. Because adults are their primary role models, we, as parents, teachers, and other caregivers would be wise to examine our own racial and ethnic prejudices so that we do not inadvertently transfer them to kids. Doing so requires us to review and really understand what racial and ethnic prejudice is, how it develops, how it hurts all of us, and how to stop it.

A Simple Definition of Prejudice...

First, a simple definition of prejudice: Prejudice is a negative attitude we develop when we prejudge a particular person based on his or her race, religion, ethnic background, politics, lifestyle or any other defining characteristic. Being prejudiced isn't necessarily—or even usually—a result of malicious intent; rather, it is deeply rooted in ignorance. In other words, prejudice usually stems from misunderstanding and misperception, which then leads us to judge others in an unfavorable light. Look carefully at the word *prejudice.* The root of the word itself *(jud)* hints at its meaning: to judge others unfairly or prematurely, without knowing who they really are. A philosopher once said, "Prejudice is contempt before investigation—a sign of a weak mind." We want kids to have open minds and open hearts, which makes it essential to teach that prejudice means forming a negative opinion before all the facts are in. The old adage, "You can't tell a book by its cover," is a simple way of reminding kids to get to know people before they draw conclusions about them.

Judgment Calls

Being *prejudiced* is different than being *perceptive.* Being prejudiced means judging someone according to superficial measures, whereas being perceptive means having insight into a person's character, attitudes, or intentions. Kids need to know that it's not always wrong to make quick judgments about people or things. There are situations in life that seem to say, "Hey, think fast! This person or situation may be dangerous." For example, as an adult, it may not be "wrong," indeed, it may be very "smart"—to judge that an approaching group of young men wearing gang colors might mean trouble and to cross the street to be safe. Children, too, may have to make some quick judgment calls; for example, about whether a person they want to play with will be fair and share, or whether they can trust the person with their deepest feelings. Again, the distinction is jumping to conclusions versus using knowledge and awareness to make smart judgment calls that result in safe, healthy, and more satisfying relationships.

Stereotyping

Prejudice and stereotypes go hand in hand. When prejudging people in a negative way becomes a habit, stereotyping—another form of ignorance—is the natural result.

Here's a definition of "stereotype" that you can share with kids of all ages:

A STEREOTYPE IS A RIGID WAY OF THINKING ABOUT A PERSON OR GROUP THAT ALLOWS LITTLE OR NO ROOM FOR INDIVIDUAL DIFFERENCES.

If this language seems too complex for children, here's another way of saying the same thing:

STEREOTYPING IS WHEN WE LUMP A CERTAIN GROUP OF PEOPLE TOGETHER INSTEAD OF TREATING EACH ONE AS A SEPARATE, UNIQUE PERSON.

But the best way to explain stereotyping to kids is through examples. *Here* are some common examples of stereotypes:

- All African Americans are better at sports than whites.
- All Native Americans have problems with alcohol.
- All Asian Americans are excellent students.

The Problem with Stereotypes

Stereotypes are harmful in a number of ways. First of all, since a stereotype is a form of ignorance, *stereotypes of* ***whole other groups*** *are based on* ***ignorance*** *and thus are usually* ***wrong.*** When a child—or an adult—wrongly judges someone according to a stereotype, he or she risks losing the possibility of a meaningful relationship with that person. So kids should be discouraged from substituting a stereotype for taking the time to get to know who someone really is. Secondly, stereotypes are hurtful to people. Putting someone in a "box" because he or she comes from a certain race, religion, or culture is disrespectful and mean. And third, relying on stereotypes to determine how to treat whole groups of people can and often does lead to racism and violence.

Racism

Racism is a particularly insidious form of prejudice fed by stereotypes. Racism flourishes for a number of reasons. The most basic reason is that racism boosts the ego or esteem of one racial group at the expense of another racial group. The racist group feels superior or sets itself above other groups by "putting down" the other groups. Another fundamental reason for racism comes from people or groups of people feeling threatened by those who are different from them. One way to help kids understand this is by explaining that someone may make a racist remark because he or she wants to feel more important and more valuable than that person, or because he or she is scared by how different the other person appears.

Racial prejudice (racism) has two key elements:

1. **The belief—fed by stereotypes—that one racial or ethnic group is superior to another or others.** For example, one racial group may believe they are smarter, more attractive or more capable than members of another racial or ethnic group are.

2. **The ability or power to implement or act on that belief.** For example, black people being subjected to slavery by white people, or Americans interning citizens of Japanese descent in camps during World War II.

Teach Your Children Well

Racism is a learned behavior. Young children learn prejudice and stereotyping while growing up. The good news is: Because racism is a *learned* behavior, it can be *unlearned*. But it's not easy. Undoing the ingrained patterns of racism and slavery require teaching kids a different mind-set and exemplifying that mind-set through our own behavior. The earlier kids learn that racism and ethnic stereotyping are wrong, the sooner they'll be able to form a healthier attitude. That's why it's best to teach your child well from the beginning, when his or her attitudes and beliefs are being formed.

Here are six things you can do to help your child avoid racial and ethnic prejudice.

1. **Begin by examining your own attitudes and prejudices.**

   - Do you feel, speak, or act in prejudiced or racist ways?
   - Are you unconsciously encouraging your child to be racist? (For example, by not having any close friends of a different racial or ethnic group, or by remaining silent when a racist comment is made?)

   If you answer yes to either of these questions, make an effort to change and act more humanely.

2. **Set a good example.**
    - Refuse to tell or listen to racist or ethnic jokes.
    - Object and make your disapproval known if someone speaks or acts in a racist manner.
    - Be aware of subtle statements that appear to flatter, but that actually promote prejudice. *("You're not like other white people I see on TV.")*

3. **Share accurate information with your child, so that he or she can make informed decisions.**
    - Encourage questions about the things that make people different. If you don't know the answers, do your best to find them.
    - Help your child understand that differences between people make life more interesting, diverse, and special. Stress how wonderful the differences in races and ethnic groups are. (Note: To help young children better understand this, you might want to use the example of a flower garden and ask, "Which garden would be more beautiful to look at—one with only one kind and color of flower or a garden filled with many varieties and colors of flowers?")

- Challenge any misinformation and point out the errors in stereotyping and prejudicial thinking, such as "Polish people are stupid" or "Irish people drink too much."
- Accentuate the positive. Point out the key similarities between races by explaining that all human beings, regardless of their skin color or ethnic background share universal feelings, fears, hopes, and dreams.
- Share what you know about the achievements of renowned individuals in all racial groups.

4. Encourage contact between your child and children of other races and ethnic origins.

When children live, study, play, or work together as equals, they discover how similar they are. Support your child's membership in racially diverse sports teams, school clubs, musical ensembles, and other social and extracurricular activities.

5. Take a stand.

When you see racism rear its ugly head, don't look away. Instead, point it out. Encourage your child to speak up against racist behavior. For example, if someone makes a racist remark or calls someone a racist name, a child can respond by telling the person how that makes him or her feel by saying, "I feel very upset when I hear people called names like that." Then the child can go on to explain in a simple and nonoffensive manner how the remark or name is racist or a stereotype. Even young children are capable of speaking up and taking a stand.

6. Finally, and most importantly, walk your talk.

Avoid telling or repeating remarks or jokes that disparage or make fun of people because of their race or in any way reinforce racist or ethnic stereotypes. Do your best to be courteous and respectful of people of all races and colors.

Kids have the power to change the future. As a parent, teacher, or caregiver, every time you prevent or speak up against racism you are showing kids how to help create a more harmonious and peaceful world.

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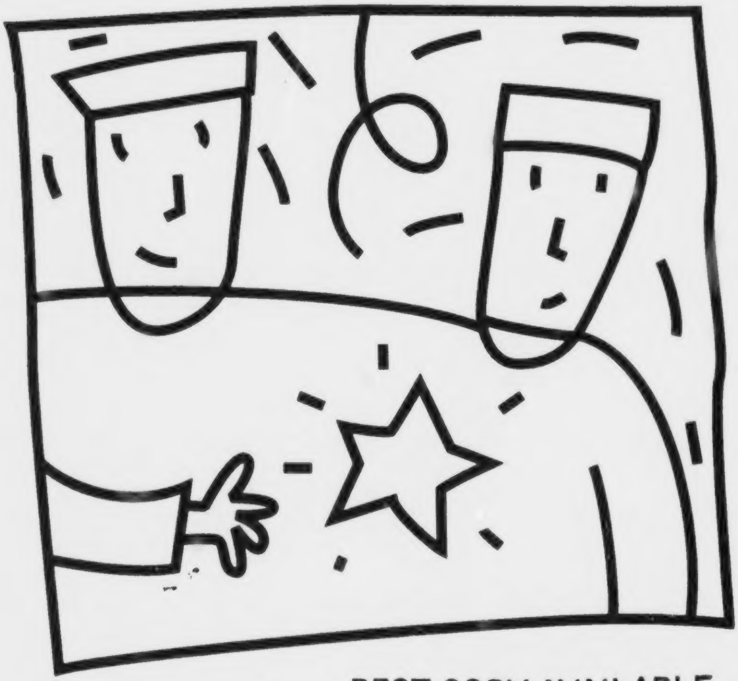
For Parents, Teachers, and Other Caregivers



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The "Unsocial" Social Diseases

Many parents, teachers and caregivers shy away from talking to teenagers about any aspect of sexuality. It isn't an easy topic to broach, especially for those adults who were raised in repressive environments or in families in which sex was simply taboo to talk about. So it should come as no surprise that a fair number of adults, especially parents, might feel particularly embarrassed or uncomfortable about approaching teens on the subject of sexually transmitted diseases (STDs).

Even parents who are okay with discussing sexuality with their children may hesitate to deal with the topic of STDs, having grown up at a time in which diseases such as syphilis and gonorrhea weren't discussed because they were usually associated with sexual promiscuity. But ignoring this issue, regardless of a parent's discomfort, can have serious consequences. Today, STDs are rapidly spreading, affecting an alarmingly high percentage of teenagers.

Still, parents, educators, and other caregivers may not be aware of the importance of openly discussing STDs with teens. Some parents don't bring up the topic because they're convinced that their kids aren't sexually active or are unlikely to *become* sexually active in the foreseeable future, making it unnecessary to tackle such a touchy subject. And they may be right. But it's far wiser to err on the side of caution. Sexual activity among young people is beginning at younger and younger ages, and the number of teen pregnancies is staggering. Despite this reality, many parents are just too ill at ease with the whole notion of STDs and figure that their children will learn about them in health class, exempting them from having to initiate a sensitive conversation. While it's true that most high schools provide information on STDs, by the time a teenager enters high school, it just might be too late, a risk that no parent can afford to take.

Consequently, it's best for parents, educators and other caregivers to take a collaborative approach in imparting this extremely important, perhaps even life-saving, information. Parents mustn't leave it up to the school or worse, a child's peers, to teach him or her about sexually transmitted diseases. Nor should educators assume that teenagers are fully informed on this subject. But in order to do a good job teaching teens about STDs, adults have to first know what they're talking about. It's up to you to become well-informed about these harmful diseases. Then be proactive. Whether you're a parent, teacher, or other caregiver, it's up to all involved grown-ups to actively teach teens what they need to know in order to stay healthy and safe.

STDs: Forgotten Dangers for Teenagers

Because the threat of AIDS has captured the attention of the public, fear of other STDs has diminished. [Obviously education about AIDS (HIV) is crucial. Even though the focus on other STDs has receded in the face of mass publicity about AIDS, both pose a serious and widespread threat.] Both AIDS and other STDs are on the rise, especially among young people, making it essential to educate children *before* they become sexually active about all forms of STDs—how they're transmitted, symptoms, treatment options, and how, when, and where to seek help.

Who Can Get an STD?

ANYONE who is sexually active can become infected with an STD.

Anyone who is sexually active can become infected with an STD. *Anyone,* young or old, male or female, gay or heterosexual, rich or poor. Anyone. This is important to convey to teenagers who may have misconceptions about who is in danger, assuming that STDs only, or mostly, affect men, homosexuals, prostitutes, or people from certain cultural backgrounds. Misconceptions like these cause teenagers to believe they are immune. But STDs are equal-opportunity diseases. Any sexually active teenager is at risk.

How Does Someone Become Infected?

STDs are passed on by someone who is already infected with an STD or who is a carrier. A carrier is someone who may not be suffering any visible effects of the disease, but who is carrying the virus in his or her body system, which makes STDs especially insidious. Obviously, someone who doesn't *know* he or she is infected is in the dark, unable to communicate the information to his or her partner. But whether an individual is already infected or is a carrier, there are specific ways that STDs are passed on, including:

- sexual intercourse
- oral sex
- any close sexual contact with an infected person or carrier (vagina with penis, penis with rectum, or mouth with rectum, penis, or vagina)
- kissing (mouth-to-mouth)

It's important to dispel any myths or misinformation that kids may believe about how STDs are transmitted; for example, by someone simply engaging in homosexual activity or by handholding, coughing, or contact with toilet seats. They need to know that sexual contact with *any* infected person is the *only* way to become infected.

If there is any good news in all of this, it is that, with the exception of AIDS, sexually transmitted diseases can usually be successfully treated. And researchers are even making significant strides in finding a cure for AIDS. Knowing this increases the likelihood of kids letting parents or other concerned adults know if they are worried about having an STD. Kids should also be warned about the dangers of ignoring *symptoms* of STDs. If left untreated, they can cause serious medical problems. STDs can have lasting harmful effects on an individual with the disease, on his or her sexual partner, and on the unborn baby of a pregnant girl infected with an STD.

In order to be fully informed, you should first know the names of the various STDs: syphilis, gonorrhea, chlamydia, genital herpes, and human papilloma virus

(HPV) or genital warts. But knowing the names of these STDs is less important for you and your child than knowing their warning signs, symptoms, and dangers. Unfortunately, STDs share many of the symptoms of other less serious and nonsexually transmitted illnesses, for example, canker sores, rashes, a sore or a scratchy throat. So if young people are poorly informed about STDs, their ignorance can seriously harm them—and others.

Syphilis

The warning signs of syphilis are painless sores, usually on the genitals, rectum, nipples, or mouth. However, the sores may also appear on other parts of the body. In females, these sores may appear *inside* their bodies—on the cervix or vagina—and thus often go unnoticed. The sores eventually disappear on their own. However, they can be followed by fever, headaches, rashes, or a sore throat. Unfortunately, these symptoms, too, may be brushed off as simply being normal aches and pains, rather than signaling the need for immediate medical attention.

Without detection and treatment, syphilis can live and develop in the body—and be passed on to others—over a long period of time. Untreated syphilis can eventually cause blindness, heart disease, insanity, and even death. Teenagers should be given this information, not to scare them, but to alert and protect them.

Gonorrhea

The symptoms of gonorrhea are manifested differently for infected females and infected males. A male infected with gonorrhea might experience pain or a burning feeling when urinating. He might also notice a cloudy-colored discharge from his penis. In contrast, a female infected with gonorrhea might experience no symptoms at all. Occasionally a female might notice a vaginal discharge accompanied by mild pain. However, since women commonly experience vaginal discharge, this symptom may go unnoticed. Consequently, it's very important for teenage girls to be aware that vaginal discharge can be—but isn't necessarily—a symptom of gonorrhea. Teenage girls should be well informed without provoking undue fear. They should also be told that vaginal discharge occurs for other reasons, having nothing to do with sexually transmitted diseases. In other words, if your daughter experiences a discharge, but she has not had sexual contact with anyone, don't worry. She does not have gonorrhea. If you are greatly concerned, however, have her checked by your family doctor.

Untreated gonorrhea can lead to sterility in both males and females. In women, untreated gonorrhea is a frequent cause of PID (pelvic inflammatory disease), which can lead to infertility as well. Likewise, gonorrhea can cause sterility in males and crippling arthritis in both males and females.

Chlamydia

Chlamydia is the most widespread STD. It is often referred to as the "silent" STD, because it may cause no symptoms in either infected males or females. Males *may* notice a discharge from the penis and/or mild burning during urination. Females *may* experience discomfort in the pelvic area, a vaginal discharge, vaginal itching, or burning during urination. Usually, however, chlamydia goes undetected until an individual begins experiencing harmful effects.

The lack of immediate symptoms makes it extremely important to educate teens about the long-range dangers of chlamydia. In males, chlamydia may cause nongonococcal urethritis (NGU)—inflammation of the urinary tract. In females chlamydia is more dangerous and devastating. It can go unnoticed until a female becomes pregnant or has difficulty conceiving. Chlamydia can permanently damage the fallopian tubes, lead to tubal pregnancy, cause PID (pelvic inflammatory disease), and even cause infertility. A pregnant woman with chlamydia can pass on the disease to her child, which can cause eye infections and pneumonia.

Genital Herpes

Painful, reddish sores or bumps on the genitals are the warning signs of herpes. Sometimes they appear on the mouth. These sores or bumps might break open and secrete pus. Typically they heal on their own without treatment, which may make them appear innocuous, but nothing could be farther from the truth.

In fact, unlike gonorrhea and chlamydia, which are easily cured bacterial infections (if diagnosed in time), genital herpes is a viral infection that can lie dormant in the body's nerve cells and for which there is no cure. Medications (such as the drug Acyclovir) are available to ease the discomfort of the sores. But once a person contracts genital herpes, he or she has it for life. That's why young people need to be aware of the signs of the disease in order to avoid passing it on. Teens should know that a person infected with genital herpes needs to refrain from sexual contact while the sores are open; otherwise the disease will spread.

Human Papilla Virus (HPV)

Human papilloma virus (HPV), commonly called genital warts, is a serious viral condition that is transmitted by sexual intercourse with an infected person. HPV is a less well known but rapidly spreading STD that is affecting greater numbers of very young sexually active kids. Over the past ten years, cases of HPV have increased at *twice* the rate of genital herpes. This is a cause for great concern, especially for young women, because HPV is directly related to both cervical and bladder cancer.

Genital warts appear as soft, moist, tiny pink or red swellings that grow rapidly and resemble tiny cauliflowers attached to a stalk. Genital warts often appear in clusters on a man's penis and/or in the rectum if a man is a sexually active homosexual. Like other STDs, genital warts are more difficult to detect and more dangerous in women because they grow on the vaginal wall, in the urethra, and on the cervix. For this reason, regular Pap smears should be considered mandatory for sexually active girls and women.

While teens should be informed as to the symptoms of genital warts, they should also be reassured that this disease can usually be treated. Genital warts may be removed surgically and in some cases treated with topical applications. However, treatment is not always satisfactory. That's why women who are infected with HPV need regular follow-up exams due to the high potential for developing cancerous lesions.

Can STDs Be Treated and Cured?

As parents, teachers, and other caregivers, it is important to take STDs seriously, but to also remember—and let kids know—that most STDs *can* be treated, provided they are diagnosed early. Treatment options vary, but they typically include penicillin and antibiotic injections, surgery, laser surgery, creams and other forms of medication. Someday STDs may even become obsolete if people are more responsible and accountable for their sexual health and behavior—yet another reason why it's so critical to educate young people who have the opportunity to permanently eliminate the spread of these dangerous diseases.

Preventing Infection

Since even simple kissing can cause someone to be infected with an STD, young people need to know the symptoms of the diseases and to be careful in their choice of partners in order to avoid contact. They also need to seek treatment if they even *think* they've been infected. Since many teenagers are uncomfortable talking to parents about such personal matters, it falls on the shoulders of parents and other caregivers to encourage kids to let them know if they are worried about possible symptoms. Finally, it is important to drive home the point that people have to be exposed *only once* to contract an STD. In other words, it is a roll of the dice. While it's true that the more sexually active people are, the higher the risk of becoming infected with an STD, just one contact with an infected person can be enough.

To prevent exposure to and the spread of STDs, adults should teach kids to follow these guidelines:

The 5 Rs

1. **Refrain from any sexual contact with someone who has genital sores and/or sores on breasts, mouth, or any other area of the body.**
2. **Refuse to engage in sexual activity without adequate protection. Even so, the use of condoms is not a definite guarantee against infection or against the spread of STDs.**
3. **Regularly schedule physical checkups and be honest with the doctor about sexual activity. That way, an STD has a far better chance of being diagnosed and treated in its early stages.**
4. **Report any STD infection to sexual partners.**
5. **Recognize that the only way to be completely safe from STDs is to practice sexual abstinence.**

Getting Help

Kids who may be infected with an STD should be checked by a physician as soon as possible.

Be sure to tell kids that if they suspect that they, or someone they know, has contracted an STD, to ask to see a doctor immediately. If they don't have a family doctor they're comfortable with, or if they want anonymity, suggest they call their local hospital to locate the STD Clinic nearest them.

If you think your child is in danger, you might leave the phone number of the STD Clinic in his or her room. That way your child won't have to come out and ask where to go. If, however, your child is approachable, be very matter of fact and offer to go with him or her to see a doctor. Most likely, he or she will be frightened and appreciate your understanding and support.

You can also get assistance from the National STD Hotline: 800-227-8922.

If you are interested in learning more about our *Parenting for Prevention Information Series,* we cordially invite you to call, fax, e-mail or write us. Our service representatives will be happy to respond to your questions or requests.

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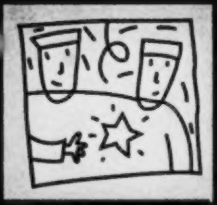

What to Teach Kids About Sexually Transmitted Diseases

You'll learn the 5 R's:

- Refrain from sexual contact.
- Refuse to engage in sexual activity without adequate protection.
- Regularly scheduled checkups.
- Report any STD infection to sexual partner.
- Recognize that the only way to be completely safe from STDs is to practice sexual abstinence.

The skills are simple, easy to learn, and can be used by married or single parents, grandparents, step-parents, foster parents, teachers, and other caregivers.

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The
Parenting for Prevention
Information Series

What to Teach Kids About Steroids

For Parents, Teachers, and Other Caregivers

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Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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What Are Steroids?

Steroids (anabolic steroids) are synthetic versions of the male hormone testosterone. They are tissue-building drugs that produce the same types of changes in the body as does testosterone:

- skeletal and muscle growth and strength
- increase in lean body mass
- other masculine characteristics: e.g., growth of body hair, deepened voice, increased aggressiveness and/or competitiveness, etc.

How Do Steroids Work?

The human body produces natural hormones. They control the way the body uses nutrients (food). One of the functions of the male hormone, testosterone, is to help the body use its nutrients to build and/or increase muscle mass. Anabolic steroids function like artificial hormones. They increase the body's ability to build up bone and muscle tissue.

Steroids are a deadly shortcut to bigger muscles or better athletic ability.

People who take anabolic steroids figure that they are taking a lively shortcut to bigger muscles or better athletic ability. In fact, what they are really doing is taking a deadly shortcut, one that can lead to heart disease, liver disease, cancer, even death.

The healthy human body knows what it needs. The healthy human body makes just the amount of hormones it needs to maintain its health. When people take steroids—artificial hormones—the body has more hormones than it needs. The body's healthy balance is upset. Trouble is on its way.

How Are Steroids Used?

Steroids are usually used by boys or men (and sometimes women) hoping to become stronger, faster, and more powerful athletes. For the most part, steroids are taken orally in pills or capsules, although some users inject a liquid form of the drug intravenously. Generally, steroid users develop a pattern of use that is called "cycling." Users take multiple doses of steroids over a set period, stop for a time, and then start using again. Users also "stack" the drugs. That is, they combine a number of different steroids, hoping to get bigger and more powerful muscles or body mass and strength.

What Are the Effects of Anabolic Steroid Use?

Anabolic steroids increase the body's ability to take proteins from its food and to turn those proteins into muscle bulk. However, they do not necessarily increase strength unless the user is also involved in intense physical training. Thus, much of the muscle bulk steroid users gain may really be the result of their training regimen. Anabolic steroids increase competitiveness and aggressiveness, which in turn can cause users to train longer and harder than nonusers.

Surprisingly, some of the consequences of steroid use actually defeat the purpose of taking them. For example, steroid use increases the chance and the incidence of muscle and tendon injuries. Finally, once steroid use stops, increased muscle mass decreases, and muscles return to their normal size.

Harmful Physical Effects

In addition to the effects mentioned above, those who use anabolic steroids risk the following harmful *physical* effects:

- hypertension
- blood clotting
- elevated cholesterol level (especially of low density lipoprotein: "bad" cholesterol)
- heart disease (the leading cause of death among steroid users)
- insomnia; nightmares
- increased risk of stroke
- kidney damage
- jaundice
- liver damage
- liver cancer
- hepatitis and HIV/AIDS due to the sharing of needles to inject steroids

Harmful Psychological Effects

Those who use steroids are also very likely to experience some significant *psychological* effects:

- mood swings
- severe irritability, irascibility, impatience
- impaired judgment stemming from feelings of invincibility and superhuman strength
- depression

- delusion (in some users)
- paranoid jealousy
- increased aggression and violent episodes (sometimes called "roid rage")

Besides these overall effects of steroids, the drugs also have harmful effects specific to adult males, females, and young people of both sexes.

Effects of Steroid Use on Males

Given the presence of so much synthetic male hormone, the body may stop producing natural male hormones (testosterone), while continuing to produce female hormones (estrogen and progesterone). As a consequence of this imbalance the male user can lose some physical signs of masculinity (e.g., facial hair, testicle size) and gain female qualities (e.g., enlarged breasts).

Steroid use not only may reduce testicle size but may also lead to impotence and/or sterility. Even after steroid use is stopped, the male user may not be able to father children.

Other risks of steroid use that are particular to men include:

- reduced sperm count
- reduced sex drive
- acne
- cysts
- enlarged prostate gland
- hair loss and baldness

Effects of Steroid Use on Females

Given the introduction of so much synthetic male hormone into the female body, women who use anabolic steroids risk losing some of the physical signs of femininity, for example:

- breast size shrinks
- the voice deepens
- body hair growth and distribution increases and changes (e.g., on face)
- male pattern baldness

Other risks of steroid use to women include:

- infertility
- menstrual irregularities

Effects of Steroid Use on Young People

The National Institute on Drug Abuse reports that 2% of eighth graders and 2% of tenth graders have used steroids at least once. Likewise, recent studies reveal that 1 in every 15 male high school senior has used steroids.

Steroids are particularly dangerous to young people. Their bodies are still growing, but steroid use can interfere with that growth, even stunt it. Adolescents who use steroids risk remaining physically short for the rest of their lives.[1] And, because steroid use can impede normal psychological development in young people, their ability to think clearly, feel empathy, and act appropriately can be seriously affected.

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[1] Steroids cause the skeleton to mature prematurely and stop growing. Steroids also accelerate pubertal changes; in effect, they make a person who is "physically" an adolescent a "physical" adult before his or her time.

Can Someone Become Chemically Dependent on Steroids?

Chemical or drug dependence means losing choice and control over how much you use a particular drug. When a person's use of a drug interferes with any area of life—whether personal (physical, mental, emotional, spiritual) or social (family, friends, legal, work)—and the person *cannot stop using without help,* that person is probably chemically dependent.

All indications point to the fact that a person can become both *physically* and *psychologically* dependent on steroids. Each of these two aspects of dependence is as devastating as the other.

Physical Dependence. Physical dependence develops when someone uses steroids over time, so that the body begins to adapt to them, and then *needs* them to function normally. If steroid use is stopped, the person begins to lose muscle strength, mass, and weight; the person will also experience deep depression and, sometimes, suicidal thoughts and loss of self-esteem. To avoid having to undergo these symptoms and to continue to maintain the illusion of strength, power, and invincibility, the person continues to use steroids despite the dangers to health and well-being.

Psychological Dependence. Psychological dependence develops when a steroid user begins to believe that he or she has to have the drug and cannot get along without it. The steroid user begins to worry about how to get and keep a steady supply of the drug and how to avoid detection. In spite of cycles of use (using a while then stopping a while), the person cannot really control his or her use of steroids. In fact, the person will continue to use even in the face of evidence that his or her health is being damaged. The psychological aspect of steroid dependence is connected to the need to feel like a winner—to be more powerful than others.

Helping Your Child Choose Wisely

Wise choices made early with regard to steroid use can help your child avoid the risk of becoming chemically dependent. Follow these guidelines to help your child make wise choices about steroid and all other drug use:

- Teach your child the facts about steroids and their effects.
- Talk to your child early about the dangers of steroid and other drug use, and repeat the message often.
- Establish a no-tolerance rule for any drug use by children and teenagers and stick to it. Make sure your child recognizes that this rule is rooted in your caring and concern.[2]
- Let your views be known even if you are certain that your child is not using steroids or other drugs. Your child deserves and needs to know your position.
- Set reasonable but firm limits for your child's behavior and be ready to enforce consequences. This means that if your child tests a limit by using drugs, you must respond with consequences that are logical, consistent, and that affect your child (not you).[3]

[2] An excellent resource that can help you help your child avoid chemical use is the book *Parenting for Prevention: How to Raise Your Child to Say No to Alcohol/Drugs*, published by the Johnson Institute. Call toll-free: 800-231-5165.

[3] For more information, read *How to Set Limits for Kids*, and *How to Enforce Consequences When Kids Violate Limits*, published by the Johnson Institute. (For a complete treatment of the subject, read *Choices and Consequences: What to do When a Teenager Uses Alcohol/Drugs*, also published by the Johnson Institute.)

- Make sure your child recognizes that you trust him or her by giving your child the chance to meet your expectations. Remember to offer praise when your child observes limits, shows sound judgment, or engages in appropriate behavior.
- If you suspect that your child is using, do not condemn him or her as a person. However, do talk calmly to your child about his or her behavior, discuss your evidence, and voice your strong disapproval.
- Assure that parties for young people are well-supervised; refuse to serve alcohol or to allow anyone to bring alcohol or other drugs into such gatherings.
- Support school and civic efforts at education, prevention, and intervention with regard to alcohol and other drugs.
- Monitor your child's involvement in athletics. Make sure he or she recognizes that real winners are winners who are drug-free.
- Be careful not to send mixed messages to your child about drug use. For example, one of the most damaging mixed messages is to *disapprove* of your child using drugs such as alcohol or cocaine but then to *sanction the use of drugs such as steroids* in order to excel at a sport or to qualify for an athletic scholarship. Such mixed messages really mix up young people, who rely on parents for consistent messages that reflect clear limits about drug use. As a parent, you have much more influence than you may imagine. Research has revealed that clear messages from parents are far more influential on young people's choices than are advertisements, TV, movies, or even peers.

Simple Refusal Skills

In order for your child to resist using steroids—to say no without risking the loss of friends—he or she might benefit from some practice. You can help by sharing the suggestions below to help your child practice.

Here's a sample situation in which your child may find himself or herself someday:

> A friend says: "Hey, our team's really gonna need our help this year. And we're gonna need some help getting in shape. I know someone who can score us some steroids. We'll be rough and ready in no time!"

Here are ways to respond. Each one says no, while allowing your child to remain friends.

Just Say No – "Not for me. No way!"

Act Shocked – "You're going to try steroids? And you're the one who's always in everybody's face about being healthy and straight! What's up with that?"

Laugh It Off – "No thanks. I'm tough enough. I don't need steroids."

Make an Excuse – "Can't. I've got this chemical imbalance. Any kind of dope makes my face swell up and break out in red spots."

Flatter – "Hey, you know I'd do just about anything for the team. But if my parents ever found out that I used steroids, me and you and the team would be history."

Offer a Better Idea – "Nah! Let's just work out a little longer, then we won't get messed up with that stuff."

7 ***Turn the Tables*** – If the friend refuses to take no for an answer and increases the pressure ("What's the matter, are you chicken?"), then what? Turn the tables, and put the pressure on him or her: "What's the matter, are you chicken to try it yourself?"

Refusing to give in to peer pressure about using drugs takes practice. It takes being assertive without being mean or critical. It comes easily when children plan ahead what to do "just in case" they find themselves in a situation in which they have to choose whether or not to use steroids or any other drug. It comes most easily when children feel self-assured, confident that their feelings count as much as their friends', and when children are secure in their parents' position regarding all drug use.[4]

[4] See *Parenting for Prevention: How to Raise Your Child to Say No to Alcohol/Drugs*, and *Alcohol Is a Drug, Too*, to discover other methods to help your child stay drug-free. This important book is published by the Johnson Institute. Call toll-free: 800-231-5165.

What to Do if Your Child Is Involved with Steroids

If your child is an athlete or is showing undue concern over his or her athletic ability and/or physical appearance, here are some observable signs and symptoms to watch for. They can signal steroid use:

- rapid increase in muscle bulk or body weight and size
- increase in athletic training energy
- moodiness
- chronic irritability and impatience
- sleeplessness
- undue aggressiveness
- change in menstrual cycle (for a girl)
- excessive facial hair or deepening of voice (for a girl)
- hair loss

If you suspect your child is involved with steroids—or any other drug for that matter—take immediate action. Seek help from professional counselors and/or medical staff trained in chemical dependence. You can also get assistance from the following organizations:

National Clearing House on Alcohol and Drug Information: 800-729-6686

National Drug Information Treatment and Referral Hotline: 800-662-HELP (4357)

Finally, for more help and information, contact:

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- Who uses steroids.
- The harmful effects of steroids.
- Where to get help.

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The
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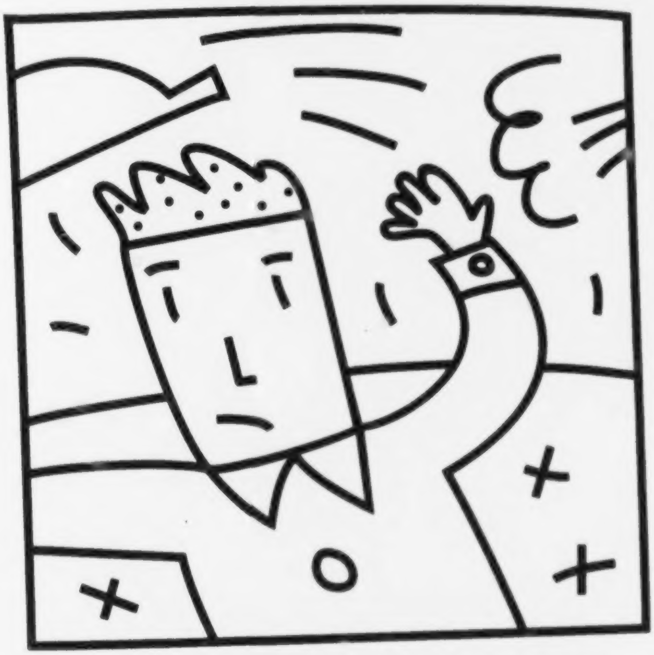
What to Teach Kids About Amphetamines

For Parents, Teachers, and Other Caregivers



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What Are Amphetamines?

Amphetamines are synthetic drugs produced in a laboratory by combining different chemicals that act like the body's own natural stimulants (adrenaline, epinephrine, and norepinephrine). Amphetamines remain active in the body for a much longer time than do the body's own natural stimulants.

How Do Amphetamines Work?

Amphetamines are often called "speed" because they speed up the nervous system, causing all the body's cells (brain, muscle, nerves, etc.) to work faster. People use amphetamines because they believe that the drugs will help them think better, work harder, react quicker, perform better in sports, or get better grades in school. What amphetamine users don't understand is how quickly amphetamines drain energy and health from the body. Users end up feeling listless and fatigued and needing to take more amphetamines in order to function at a normal pace.

Amphetamines speed up the nervous system.

Think a moment about what happens when your body runs out of energy. How do you feel? You may feel hungry. Hunger is a message from your brain telling you that you're low on fuel. Or you may feel thirsty. Thirst is a warning signal from your brain that your body is dehydrating. You may also feel tired or fatigued. Fatigue is a message from your brain saying that your body needs food and rest in order to replenish its energy supply. Amphetamines block these messages from the brain. Amphetamine users can't "feel" or "tell" that they are hungry or thirsty or tired. That's why amphetamine users are more subject to getting colds, infections, and even serious illnesses or injuries. Their bodies are constantly being deprived of nutrients and rest.

How Are Amphetamines Used?

For the most part, amphetamines are taken orally in pill form. Some users, however, snort (inhale), smoke, or inject the drug intravenously.

What Are the Effects of Amphetamine Use?

Amphetamines are potent drugs that stimulate (speed up) the central nervous system. Depending on the potency and the amount used, amphetamines cause effects ranging from alertness, excitement, self-confidence, and a feeling of well-being or euphoria, to impulsiveness, agitation, paranoia, aggression and violence.

The overall effects of amphetamine use are similar to those of cocaine use. However, the stimulation caused by amphetamine use is longer-lasting than that caused by cocaine. Amphetamine users, therefore, often suffer from insomnia. To counteract their sleeplessness, users usually resort to using alcohol or other depressant drugs to neutralize the amphetamine effect. This creates a vicious cycle of drug use that is very hard on the user's physical, psychological, and emotional well-being, and often leads to chemical dependence.

Harmful Physical Effects

Anyone who uses amphetamines risks the following physical effects:

- accelerated breathing, heart rate, and blood pressure
- difficulty swallowing or urinating
- constricted pupils and "bright eyes"
- heart palpitations
- weight loss, malnourishment
- skin disorders
- chills, nausea, excessive sweating
- insomnia
- tinnitus (ringing in the ears)
- stomach ulcers
- physical exhaustion
- susceptibility to colds and other infections
- diseases of the heart, liver, lungs, kidneys

Amphetamine use can also cause brain damage, physical collapse, and even death.

Harmful Behavioral Effects

Amphetamine use can cause psychomotor agitation (uncontrolled physical activity and mental strain/ anxiety), which can evidence itself in behavior such as:

- distorted thinking
- extreme talkativeness
- confused speech
- restlessness
- physical uncoordination
- extreme nervousness and agitation
- impulsive, risk-taking actions

When stronger or more amplified forms of amphetamines are used over time, more serious behavioral symptoms can occur. For example, *methamphetamine* (or Ice) is a smokable form of amphetamine that is far more potent and long lasting. "Meth" or "Ice" sometimes causes rage reaction in the user. Basically what happens is this: while intoxicated, the user experiences a stimulus that could upset the average person (e.g., an argument or a crying infant). But at the same time, the user *also* experiences *psychomotor agitation* and feels the need to end or silence the stimulus. So the user reacts in a manner—*usually with rage and/or violence*—that is way out of proportion to the situation.

Harmful Psychological Effects

In addition to the physical and behavioral effects, anyone who uses amphetamines risks harmful psychological and emotional effects as well, such as:

- restlessness, agitation
- moodiness
- panic attacks
- abnormal thought process
- distorted sensory functions
- fear and indecision
- distorted sense of time and place
- illusions of grandeur or grandiosity
- extreme impulsiveness
- suspiciousness and mistrust
- paranoia and delusions of persecution
- psychosis
- other severe mental illness

When first used, amphetamines can cause feelings of euphoria and increased alertness or energy. Continued use, however, can not only change a person's mood and also alter his or her normal thinking process, but it can significantly alter a person's personality. For example, a quiet person may become loud and boisterous, a shy person aggressive and uninhibited, and a normally placid person agitated, irritable, and impatient.

What Are the Different Types of Amphetamines?

Amphetamines fall into two general classes. The first class is simply amphetamines, which are less potent drugs than the second class of amphetamines called methamphetamines. Methamphetamines are amphetamines combined with one or more other substance(s) to make a much more potent (and dangerous) compound drug that is usually smoked or injected.

Amphetamines

Speed: (White Crosses, Black Mollies, Dexies, Bennies, Arrows, Pep Pills) These are mostly prescription drugs in pill form that have been illegally acquired or that have been illegally made in makeshift laboratories. These are the most commonly used and abused amphetamines.

Ritalin: This prescription drug is most commonly used to control or calm hyperactivity in some children. In other children, however, it acts to speed up the nervous system, and in many areas of the country is becoming a "street drug," bought and sold by children and teenagers.

Cylert: A stimulant prescription drug used to treat narcolepsy (sleeping sickness) and hyperactivity in both children and adults.

Various Nonprescription Over-the-Counter Stimulants

Appetite suppressants: (Dexatrim, Acutrim)

Nasal decongestants: (Allerest, Bronchaid, Triaminic) The above contain ephedrine or phenylpropanolomine: drugs that are similar in action to amphetamines but far less potent.

Caffeine: Caffeine is the most widely used stimulant drug in the world. It can be found in coffee, tea, soft drinks, sports drinks, chocolate, prescribed medications, and various over-the-counter preparations such as No Doz, Vanquish, Anacin, Vivarin, and Aspirin-Free Excedrin.

"Look-Alike" Stimulants (amphetamine analogues)

These drugs are made to look as if they are true amphetamines, and they do simulate their effects, at least somewhat. Generally, they contain quantities of legal substances (e.g., ephedrine or caffeine) found in over-the-counter diet pills and decongestants. Pure ephedrine and other amphetamine analogues are now available over-the-counter in pill form in certain drug stores and other stores. Their packaging is clearly marketed to teens, and they are even advertised in teen magazines.

Because these drugs have not been restricted or controlled, children and teenagers buy them readily and can easily become dependent on them. Continued use can produce serious physical and psychological side-effects. Parents need to be alert to the growing use of various stimulants by children and teenagers.

Methamphetamines

Methamphetamine is the most potent and dangerous form of amphetamine-like stimulants. Chemically, methamphetamine is closely related to amphetamines. However, methamphetamine is a combination of amphetamine with one or more other substance and is a very unsafe drug. Today, almost all methamphetamine comes from illegal laboratories. It resembles a powder and varies from yellow to off-white in color. Methamphetamine, however, is remanufactured and sold on the street in a variety of forms.

Ice or Glass: Ice is to methamphetamine as crack is to cocaine. Ice is a concentrated form of methamphetamine that looks like small chunks of ice or glass. This form of methamphetamine is smoked and is very potent. Actually, "smoked" is not quite correct. Rather, when heated, the drug actually vaporizes. The user then quickly inhales the vapor. Ice can cause a day-long "high." However, this "high" is followed by a horrible "low" or "crash," which is similar to experiencing a mental collapse.

Crank: This particular form of methamphetamine is often used as a cocaine substitute, since its "high" is similar to cocaine's but longer lasting. Sold as a powder, crank may be taken orally, inhaled, or injected. I.V. crank users go on binges and can endure without sleep for a week or more. Crank users often suffer from extreme paranoia. Other names for crank include "crystal," "Crystal Meth," "Speed," "Go Fast," and "Zip."

Ecstasy: Ecstasy (or MDMA) is known as a "Designer Drug"; it is a combination of amphetamine and synthetic mescaline. Thus, health professionals classify Ecstasy both as a hallucinogen and as an amphetamine (stimulant). Generally, found in the form of capsules or pills and thus taken orally, Ecstasy can induce hallucinations, produce nausea, and cause flashbacks.

Who Can Become Addicted to Amphetamines and How?

Anyone who uses amphetamines regularly can become addicted or chemically dependent. Drug or chemical dependence means losing choice and control over how much you use a particular drug. When a person's use of amphetamines interferes with any area of life—whether personal (physical, mental, emotional, spiritual) or social (family, friends, legal, work)—and the person cannot stop using without help, that person is probably chemically dependent.

A person can become both *physically* and *psychologically* dependent on amphetamines. Each aspect of dependence is as devastating as the other.

Physical Dependence. Physical dependence develops when regular amphetamine use causes the body's natural stimulant levels to become depleted. This causes the drug user to experience profound depression, which in turn sets up the craving for more stimulants. Thus, a vicious cycle of dependence becomes established. To avoid experiencing depression and to feel able to function normally, the person continues to use the drug.

Psychological Dependence. Psychological dependence develops once a person's occasional use of amphetamines becomes regular use due to the person's belief (delusion) that he or she has to have the drug and cannot function without it. The person begins to worry obsessively about how to get and keep a steady supply of the drug and how to avoid detection. At this point, the person can neither control nor choose not to use the drug. The person continues to use the drug, not to feel pleasure, but to feel and function normally.

Withdrawal. If a person who has become dependent on amphetamines cannot get the drug, he or she will likely experience some withdrawal symptoms such as:

- depression
- severe muscle cramps
- lethargy, listlessness, fatigue
- heavy sweating
- feelings of fear, anxiety, paranoia, and terror
- intense stomach pain
- painful headaches

Since withdrawing from amphetamines can take a long time, users often require professional help to stop using the drug.

Amphetamine's Particular Risk to Young People

Amphetamine use poses a particular risk to youth. Young people are just beginning to develop individuality, experience intimacy, achieve independence, and develop a value system. Amphetamine use usually interrupts this development. Growth, in a very real sense, stops.

The young amphetamine user begins to rely on a drug to cope with the everyday challenges of growing up instead of facing them and dealing with them on his or her own. Since the young person does not have well-developed problem-solving skills or even social skills, drug dependence can develop rather quickly. If this happens, the young person does not simply need *rehabilitation* (the restoration to normal life that happens with adults in chemical dependence treatment programs), he or she has to be *habilitated.* That is, the young person has to be helped to develop the individuality, experience the intimacy, achieve the independence, and create the value system that amphetamine use interrupted and arrested.[1]

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[1] For more information about the need for different treatment modalities for young people who are chemically dependent, see *Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs* (especially Chapter 11), published by the Johnson Institute. Call toll-free at 800-231-5165.

Helping Your Child Choose Wisely

- Teach your child the facts about amphetamines (and other drugs) and their effects. If you don't know the facts about amphetamines and other drugs and how they affect young people, your child will see through you and turn you off. When you speak to your child, you want him or her to *find you believable.* So learn the facts and teach the facts.[2]
- Talk to your children early about the dangers of amphetamines and other drug use, and repeat the message often.
- Establish a no-tolerance rule for amphetamines or other drug use by children and teenagers and stick to it. Make sure your child recognizes that this rule is rooted in your caring and concern.
- Let your views be known even if you are certain that your child is *not* using amphetamines. Your child needs to know your position and your expectations.
- Set reasonable but firm limits for your child's behavior and be ready to enforce them. This means that if your child tests a limit by using amphetamines, you must respond with consequences that are logical, consistent and that affect your child (not you).[3]
- Make sure your child recognizes that you trust him or her by giving your child the chance to meet your expectations. Remember to offer praise when your

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[2] Two brief but excellent resources to help you learn the facts are the books *Parenting for Prevention: How to Raise Your Child to Say No to Alcohol/Drugs* and *Alcohol Is a Drug, Too,* published by the Johnson Institute. Call toll-free 800-231-5165. (For a complete treatment of the subject, read *Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs,* also published by the Johnson Institute.)

[3] For more information read *How To Set Limits for Kids,* and *How to Enforce Consequences When Kids Violate Limits,* published by the Johnson Institute. Call toll-free 800-231-5165.

child observes limits, shows sound judgment, or engages in appropriate behavior.

- If you suspect that your child is using, do not condemn him or her as a person. However, do talk calmly to your child about his or her behavior, discuss your evidence, and voice your strong disapproval.
- Assure that parties for young people are well-supervised and refuse to allow anyone to bring amphetamines or other drugs to such gatherings.
- Support school and civic efforts at education, prevention, and intervention with regard to amphetamines and other drugs.
- Be careful not to send mixed messages to your child about amphetamine use. For example, one of the most damaging mixed messages is to *disapprove* of your child using amphetamines, and then use them yourself or have friends who use them. This really confuses young people who rely on parents for consistent messages that reflect clear limits and values about amphetamines or other drug use. As a parent, you have much more influence than you may imagine.
- Research has revealed that clear messages from parents are far more influential on young people's choices than are advertisements, TV, movies, or even peers.
- Model abstinence by not using amphetamines. Remember, research shows that "the way" that parents use or don't use amphetamines or other drugs will influence the way their child will choose to use.

Simple Refusal Skills

In order for your child to resist using amphetamines—to say no without risking the loss of friends—he or she will need some practice. You can help by sharing the suggestions below to help your child practice.

Here's a sample situation in which your child may find himself or herself someday:

> A friend says: "Hey, there's a great party this Saturday. I know this guy who's going, and he says he's got some awesome Speed we can try. Let's go. It'll be a blast!"

Here are a number of ways to respond. Each one says no, while allowing your child to remain friends.

1. *Just Say No* – "Not for me. No way!"
2. *Act Shocked* – "You're going to try meth? Are you kidding? That stuff will wreck you. I thought you said meth-heads were stupid."
3. *Laugh It Off* – "No thanks. I'm crazy enough as it is. I don't need any drugs."
4. *Make an Excuse* – "Can't. I have to babysit on Saturday night."
5. *Flatter* – "Hey, that's cool. But if my parents ever found out that I went to a party and did drugs with you, our friendship would be history."
6. *Offer a Better Idea* – "Nah! I want to relax. Let's see that new movie we talked about. I really want to see it, and you said you did, too. Let's go."

7 *Turn the Tables* – If the friend refuses to take no for an answer and increases the pressure ("What's the matter, are you chicken?"), then what? Turn the tables, and put the pressure on him or her: "What's the matter, are you chicken to try it by yourself?"

Refusing to give in to peer pressure about using drugs takes practice. It takes being assertive without being mean or critical. It comes easily when children plan ahead what to do "just in case" they find themselves in a situation in which they have to choose whether or not to use amphetamines or any other drug. It comes most easily when children feel self-assured, confident that their feelings count as much as their friends', and when children are secure in their parents' position regarding all drug use.[4]

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[4] See *Parenting for Prevention: How to Raise Your Child to Say No to Alcohol/Drugs*, and *Alcohol is a Drug, Too* to discover other methods to help your child stay drug free. Published by the Johnson Institute. Call toll-free 800-231-5165.

What to Do if Your Child Is Involved with Amphetamines

Here are some observable signs and symptoms that can signal amphetamine use:

- hyperactivity and talkativeness
- restlessness, nervousness, or excitability
- unexplained touchiness or irritable behavior
- sweating
- insomnia
- weight loss, loss of appetite
- constricted pupils
- the shakes or tremors
- amphetamine users often need to use another drug to "come down" from the amphetamine "high"; watch for signs of alcohol use especially.

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If you suspect your child is involved with amphetamines or any other drugs, take immediate action. Seek help from professional counselors and/or medical staff trained in chemical dependence. Look for them in the yellow pages of your local telephone directory. You can also get assistance from the following organizations:

National Clearing House on Alcohol and Drug Information: 800-729-6686
National Drug Information Treatment and Referral Hotline: 800-662-HELP (4357)

Finally, for more help and information, contact:
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7205 Ohms Lane
Minneapolis, MN 55439
612-831-1630
800-231-5165

or visit us at our website:
http:\\www.johnsoninstitute.com

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- *What to Teach Kids About Eating Disorders*
- *What to Teach Kids About Racial Prejudice*
- *What to Teach Kids About Sexually Transmitted Diseases*
- *What to Teach Kids About Steroids*
- *What to Teach Kids About Amphetamines*
- *What to Teach Kids About Tobacco*
- *What to Teach Kids About Narcotics*
- *What to Teach Kids About Alcohol*
- *How to Confront Kids When They're Doing Wrong and How to Encourage Kids When They're Doing Right*

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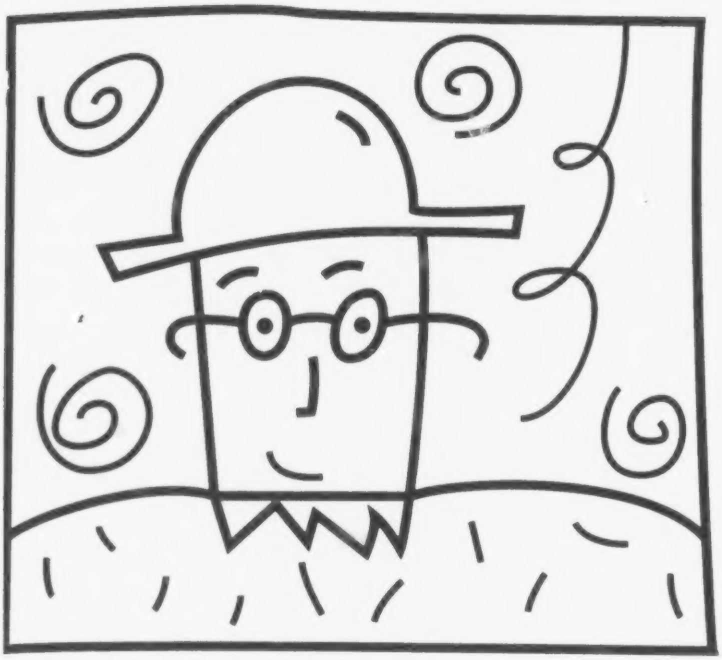

Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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What Is Tobacco?

Tobacco is a plant that is cultivated mainly for its leaves. The leaves are used in a number of products: cigarettes, cigars, snuff, pipe and chewing tobacco.

What Is *in* Tobacco?

Nicotine. Tobacco contains the psychoactive and highly addictive drug nicotine, which stimulates the nervous system, increases heart rate, and narrows blood vessels, thus increasing blood pressure.

Tar. Smoke from tobacco contains tar, which is made up of a number of cancer-causing elements (carcinogens).

Carbon Monoxide. Smoke from tobacco also contains carbon monoxide, a compound that impairs the blood's ability to bring oxygen to the rest of the body.

Other Dangerous Chemicals. Researchers have discovered over 4,000 different dangerous chemicals in tobacco smoke, including butane, cyanide, formaldehyde, and arsenic.

How Is Tobacco Used?

Tobacco is usually smoked. When smoked, the drug nicotine is inhaled through the lungs, where it rapidly passes into the blood stream. Tobacco may also be snorted (dry snuff), and the drug is absorbed through the lining of the nasal passages. Finally, tobacco may be sucked—also called "dipping"—(moist snuff), chewed (chewing tobacco), or puffed (pipes and cigars); nicotine is then absorbed more slowly through the lining of the mouth and throat.

What Are the Effects of Tobacco Use?

People use tobacco because of its drug effect.

Remember, people use tobacco because of its drug (nicotine) effect. Nicotine is a drug that produces physical, mental, behavioral, or emotional changes in the user. People who use tobacco can experience both short-term and long-term harmful effects.

Short-term Effects

- quickened heart beat
- thickened blood
- narrowed arteries
- elevated blood pressure
- shortness of breath
- loss of endurance due to low blood oxygen
- coughing, sore throat, phlegm build-up
- stained teeth and fingers
- sour taste in mouth
- unappealing odor on breath, hair, hands, clothes
- more recurrent illnesses

Long-term Effects[1]

- heart disease
- high blood pressure
- blockage of blood vessels

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[1] Tobacco use is the major cause of preventable death in the United States. In the three years from 1990 to 1993, for example, more Americans died from tobacco-related illnesses than were killed in all the wars in the entire history of the United States.

- other circulatory (blood) diseases and problems, such as stroke
- airway obstruction
- discolored and receding gums
- tooth loss
- skin dryness and wrinkling
- stomach ulcers
- lung cancer
- cancer of the lip and jaw
- cancer of the bladder
- cancer of the mouth, larynx, esophagus
- chronic bronchitis
- emphysema
- harmful to a developing fetus
  - detached placenta
  - premature birth
  - higher risk of stillbirth or miscarriage
  - low birth weight
  - infant physical and mental impairments
  - infant hyperactivity
  - SIDS (Sudden Infant Death Syndrome)

In addition to the above effects, tobacco use can make people unattractive and unpopular. Smoking stains the fingers and teeth, causes bad breath, and leaves a stale smell on the hair and clothes. As more and more people begin to reject smoking and smokers, tobacco users will find it increasingly difficult to be accepted socially.

The Effects of Tobacco Use on Nonusers

Secondhand smoke from cigarettes, cigars, and pipes has proven to be much more than an annoyance to nonsmokers. Secondhand smoke spreads toxic particles and gases that irritate the eyes and lungs of others. Breathing secondhand smoke can cause allergic reactions, nose and throat irritation, and headaches in nonusers. It can also cause bronchitis and pneumonia in infants and children and can retard their lung growth. The EPA (Environmental Protection Agency) has classified secondhand smoke as a carcinogen (a cancer causing agent). Guided by the EPA, both the federal government and many of the states have enacted laws that prohibit smoking in most public areas and severely limit it in others (e.g., restaurants, airports).

Can People Become Addicted to Tobacco?

The U.S. Surgeon General has confirmed that people can and do become addicted to the nicotine in cigarettes. Likewise, since the average portion ("quid") of smokeless or chewing tobacco contains twice the nicotine content of a cigarette, and since saliva extracts nicotine from tobacco better than does burning, people who "dip" or chew smokeless tobacco can also become addicted to it. No wonder that the great majority of tobacco users become physically and psychologically addicted to the nicotine in tobacco. In fact, nicotine addiction and the costly health problems it causes has become a highly controversial issue. A group of states is collectively suing certain tobacco companies for promoting cigarette smoking that is costing the states millions of dollars in unnecessary health care costs for its citizens who smoke.

Physical Addiction

Physical addiction happens when regular nicotine use causes tolerance to the initial effects of the drug. Then a higher intake of the drug becomes necessary to produce the same effect. As nicotine tolerance develops and the body has adapted to the presence of the drug, the body begins to crave nicotine and then to *need* it to function normally.[2]

Psychological Addiction

Psychological addiction develops when a person's nicotine use progresses to the point that the person believes that he or she *has* to use it and can't get along without it. The person begins to worry about keeping a source of nicotine (for example, a supply of cigarettes) on hand, and to worry about running out and/or being in a place where he or she can't smoke. At such a point, the person can neither control his or her smoking nor choose to stop. The person continues to use nicotine not so much to feel pleasure, but simply to feel normal.

Withdrawal

If a person who has become addicted to nicotine decides to stop using, he or she will experience some very uncomfortable *withdrawal symptoms,* usually within 24 to 48 hours. These symptoms include both physical and psychological or emotional symptoms.

Physical withdrawal symptoms

- craving for tobacco
- dizziness

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[2] Research has shown that nicotine is as physically addictive as cocaine or crack. A person can become dependent on nicotine very quickly—in as short a time as 7 to 10 days.

- headache
- constipation
- increased appetite
- difficulty concentrating
- lowered blood pressure and pulse
- disturbed sleep
- fatigue and sleepiness
- slower reactions

Psychological/Emotional Withdrawal Symptoms

- frustration and impatience
- anxiety and shakiness
- irritability and anger
- tension and restlessness
- mood swings and moodiness
- depression

To avoid having any or all of these withdrawal symptoms and to continue to feel normal, the person addicted to nicotine usually continues to use tobacco.

Although these symptoms can be very discomforting, the health benefits of quitting are far greater than remaining addicted to nicotine.

Why Do So Many Young People Use Tobacco?

Young people use a lot of tobacco.[3] U.S. teens purchase over a billion dollars worth of tobacco products each year, generating a profit of nearly $270 million annually for tobacco companies.

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[3] The percentages that follow are from the National Household Survey of 1993.

Here's the percentage of young people who reported smoking cigarettes:

8th Graders – 45.3%
10th Graders – 56.3%
12th Graders – 61.9%

Here's the percentage of young people who reported using smokeless tobacco:

8th Graders – 18.7%
10th Graders – 28.1%
12th Graders – 31.0%

Young people begin to use tobacco for a variety of reasons:

- to experiment
- to have fun
- to show off
- to see if they can handle it
- to rebel against authority
- to take risks
- to be accepted by a certain group
- to feel grown up

Young people are also influenced by advertising, which glamorizes tobacco use, by how relatively easy it is for them to obtain tobacco, and by whether or not their parents use tobacco. However, the influence or pressure of friends who use tobacco is the primary reason young people give for *starting* to use tobacco. If their friends use tobacco, young people often feel that they have to use, too, in order to remain friends or feel accepted.

Simple Refusal Skills

In order for your child to resist using tobacco—to say no without risking the loss of friends or feeling rejected—he or she will need some practice. You can help by sharing suggestions like those below. Each one says no, while allowing youf child to remain friends.

Just Say No – "Not for me. No way!"

Act Shocked – "You're smoking those things!? I thought you were all hot on staying in shape and being healthy."

Laugh It Off – "No thanks. I've got enough problems. I don't need coffin nails to make things worse."

Make an Excuse – "Can't. I need to keep my lungs in shape for track."

Offer a Better Idea – "Hanging out smoking takes up too much time. I got better things to do, like shopping! Let's go to the mall and find those cool shoes I want."

Turn the Tables – If the friend refuses to take no for an answer and increases the pressure ("What's the matter, are you chicken?"), then what? Turn the tables, and put the pressure on him or her: "What's the matter, are you chicken to get cancer by yourself?"

Refusing to give in to peer pressure about using tobacco takes practice. It takes being assertive without being mean or critical. It comes easily when kids plan ahead what to do "just in case" they find themselves in a situation in which they have to choose whether or not to use tobacco or any other drug. It comes most easily when kids feel self-assured, confident that their feelings count as much as their friends', and when kids are secure in their parents' position regarding tobacco and other harmful drug use.

Helping Your Child Choose Wisely

The younger someone begins using tobacco—no matter what form—the more at risk he or she is to:

- become a heavy user or a nicotine addict
- suffer more severe damage to health
- start to use other drugs

Nicotine in tobacco is considered a "gateway" drug. Its use is often the gateway to using other drugs. Young people who use tobacco are 22 times more likely to use cocaine, 3 times more likely to drink alcohol, and 8 times more likely to use marijuana. Wise choices made early with regard to tobacco use can help your child avoid the risks not only of nicotine addiction but other drug addictions too, including alcohol.

Use the guidelines below to help your child make wise choices about tobacco.

- Teach your child the facts about tobacco and its effects. Don't lecture. Show your concern for your child's health and development. The facts will speak for themselves.[4]
- Talk to your child early about the dangers of tobacco and other drug use, and repeat the message often.

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[4] An excellent resource that will help you learn the facts is the book *Parenting for Prevention: How to Raise Your Child to Say No to Alcohol/Drugs*, published by the Johnson Institute. Call toll-free: 800-231-5165.

- Establish a no-tolerance rule for any tobacco or other drug use by children and teenagers and stick to it. Make sure your child recognizes that this rule is rooted in your care and concern for his or her health, happiness, and long life.
- Let your views be known even if you are certain that your child is not using tobacco. Your child needs to know your position.
- Set reasonable but firm limits for your child's behavior and be ready to enforce consequences. This means that if your child tests a limit by using tobacco, you must respond with consequences that are logical, consistent, and that affect your child (not you).[5]
- Make sure your child recognizes that you trust him or her by giving your child the chance to meet your expectations. Remember to offer praise when your child observes limits, shows sound judgment, or engages in appropriate behavior.
- Encourage friendships with peers who do not use tobacco and who will support your child's choice not to use tobacco.
- If you suspect that your child is using, do not condemn him or her as a person. However, do talk calmly to your child about his or her unacceptable behavior, discuss your evidence, voice your strong disapproval, and impose consequences.
- Support school and civic efforts at education, prevention, and intervention with regard to tobacco and other drugs.

[5] For more information read *How to Set Limits for Kids* and *How to Enforce Consequences When Kids Violate Limits*, published by the Johnson Institute. Call toll-free: 800-231-5165.

- Be careful not to send mixed messages to your child about tobacco use. Young people rely on parents for consistent messages that reflect clear limits about things like tobacco use. As a parent, you have much more influence than you may imagine. Clear messages from parents are far more influential on young people's choices than are advertisements, TV, movies, or other media.[6]
- Do not use tobacco yourself. If you do use, quit. Let your child know that you're quitting and share difficulties in doing so. Research shows that the way that parents use tobacco will influence the way their child will choose to use.

What to Do if Your Child Is Using Tobacco

Here are some observable signs and symptoms that can signal your child is using tobacco:

- tobacco smell on breath, clothes, hair, furniture in child's room
- associating with other young people who smoke
- hidden packs of cigarettes; containers of snuff; loose tobacco in pockets
- burning incense or scented candles to mask the odor of tobacco smoke
- tobacco stained clothes and/or burns in furniture or carpet due to cigarette ash
- an increase in the frequency of minor illnesses (e.g., flu, colds)
- decrease in physical endurance

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[6] You can, however, urge your child not to buy into the pro-smoking message of advertising. Point out falsehoods in such advertising. If you have access to the Internet, check out "The BADvertising Institute" at *http://world.std.com/~batteryb/* with your child to learn more about the misrepresentations of tobacco advertising.

If you suspect your child is using tobacco—or any other drug for that matter—take action. Speak to your child about your concerns. Pay attention to his or her thoughts and feelings, but be firm in your own limits. If you need or want help, you can get assistance from the following organizations:

American Lung Association Information Hotline:
800-586-4872

American Cancer Society Information Hotline:
800-227-2345

American Heart Association Information Hotline:
800-242-8721

National Clearing House on Alcohol and Drug Information: 800-729-6686

Finally, for more help and information, contact:
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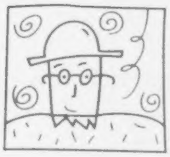

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What to Teach Kids About Cocaine/Crack

For Parents, Teachers, and Other Caregivers

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Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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What Are the Different Forms of Cocaine?

In its pure form, the drug cocaine hydrochloride—commonly called cocaine—is a white, flaky, water soluble powder. It is a powerful stimulant that comes from the leaves of the coca plant. Cocaine freebase—commonly called "crack" or "freebase"—is a crystallized form of cocaine. Crack is sold in the form of odorless, off-white colored rocks or chunks and usually costs less on the street than cocaine hydrochloride.

How Is Cocaine Used?

Cocaine hydrochloride (also called coke, snow, blow, toot, flake) is usually snorted through the nostrils and into the nasal membrane or is dissolved in water and injected directly into the veins. Crack is usually smoked (freebased) in a crack pipe.

What Are the Effects of Cocaine/Crack Use?

Both cocaine and crack excite the central nervous system, creating an intense "high."

Cocaine—no matter its form—is probably the most dangerous and powerful of all chemical (drug) stimulants. Both cocaine and crack excite the central nervous system, creating an intense "high" (feeling of euphoria) in the user that lasts about 10 minutes, depending on the route of administration. For example, the "high" from snorting cocaine lasts longer than that from smoking crack, but it is less intense. This "high" is quickly followed by a "crash"—an intense feeling of anxiety—and by a craving to avoid that anxiety. This vicious cycle can quickly result in addiction.

- Cocaine/crack use immediately causes dilation of the pupils, a rise in blood pressure, quickened breathing, raised body temperature, and increased heart rate.
- Even one-time use can cause seizures, convulsions, respiratory arrest, cardiac arrest (heart attack), and high fever, which can result in death.
- Ongoing use usually causes a number of unhealthy physical effects:
  - runny nose
  - damage to nose and sinuses
  - weight loss
  - the onset of seizures
  - lowered resistance to infectious disease
  - high blood pressure
- Users who smoke crack are at ever-increasing risk for overdose, since smoking allows a very high dose to reach the brain almost instantaneously.
- Users who inject cocaine are at equal risk for overdose, since injection also delivers a high dosage of the drug very quickly. Likewise, those who inject cocaine and share needles with other users also risk becoming infected with hepatitis and AIDS.
- Users who snort cocaine are at risk for overdose—even death—depending upon the strength (purity or concentration) of the drug.
- Cocaine/crack use by pregnant women can harm the developing fetus.
- Babies born to cocaine/crack dependent mothers

may also be born addicted to the drug. These infants suffer the terrible effects of drug withdrawal, plus a number of other negative physical and psychological consequences.

- Cocaine/crack contains a number of impurities left over from its manufacturing process: leaded gasoline, kerosene, benzene, lime. Before it's sold, cocaine/crack is diluted ("cut" or "stepped on") with substances such as amphetamines, talcum powder, baking soda, and other miscellaneous substances, so that most street cocaine/crack has a purity of less than 50%. Users, therefore, are also ingesting other substances that can be very harmful to health.
- At times, *users may inject themselves with pure* cocaine hydrochloride, thinking that it is "cut" or "stepped on" cocaine. This error has led to cocaine overdose and has cost many users their lives.

Debunking Some Myths

When cocaine was first introduced in the United States, it was believed to be no more habit-forming than coffee or tea. Parke-Davis Pharmaceuticals, for example, supplied 15 different forms of cocaine, declaring it a wonder drug. Likewise, when the soft drink Coca-Cola was first introduced, it contained cocaine, and was advertised as a beverage lacking the dangers of alcohol but offering the advantages of coca. Only when the dangers of cocaine were brought to light, was cocaine removed from Coca-Cola.

Today, much is known about the health dangers surrounding cocaine/crack use. Even so, a number of myths about the benefits of cocaine use still remain:

Myth #1: Cocaine/crack use can help a person deal with depression.

You might think that since cocaine and crack are *stimulants,* they would also be antidepressants. They're not. In fact, they actually *cause* a type of depression. Users actually feel worse off and more depressed after the drug effects wear off than they did before using. To fight that depression, users begin to use more, and a vicious cycle leading to addiction begins.

Myth #2: It's safe to try cocaine/crack once, just to see what it's like.

The words *cocaine/crack* and *safe* don't belong in the same sentence. One dose or "hit" of crack can set off a craving leading to addiction or, depending on the user, can even be fatal. Many first-time experimenters have lost their lives "just trying" cocaine.

Myth #3: Cocaine/crack use has few if any long-term consequences.

Continued cocaine/crack use can lead to a number of psychological problems:

- loss of memory and/or other memory difficulties
- diminished sex drive
- persistent depression
- irrational violence
- hallucinations
- acute anxiety and paranoia due to the drug's overstimulating the fright centers in the brain

Myth #4: Cocaine/crack use can intensify sexual performance and pleasure.

The notion that cocaine/crack makes the user a better sexual partner and performer is all in the user's *imagination*—and nowhere else. In fact, continued use actually leads to sexual dysfunction, because the user is far more interested in getting high on cocaine/crack than he or she is in the pleasure of sex.

Myth #5: Cocaine/crack intensifies concentration and improves performance.

Again, this myth exists as reality only in the user's imagination. Users imagine that they are better thinkers or that they can do this or that job better under the influence of cocaine/crack. However, cocaine/crack use does not improve their abilities. Instead it clouds their perceptions. Users believe they think/perform better when they actually do not.

Myth #6: Cocaine/crack is not addicting like other drugs.

Perhaps the biggest myth surrounding cocaine/crack is that a person cannot get addicted to it. Most young people who experiment with cocaine/crack truly believe they won't get hooked. "It can't happen to me." Sadly, far too many young people live this myth. They think that they are not vulnerable to cocaine/crack's effects.[1] They need to think again. They'd do well to pay careful attention to rapper Sir Mixalot's (Mack Daddy) lyrics: *Kneel to me / smoke me / breathe me. I'm your new god you can call me cocaine.* ("I'm Your New God" by Sir Mixalot, Mix Records, 1992.)

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[1] For more information on how to prevent your child from becoming involved with cocaine and other drugs, including alcohol, read *Parenting for Prevention: How to Raise Your Child to Say No to Alcohol/Drugs*, published by the Johnson Institute. Call toll-free 800-231-5165.

Additional Dangers

Even when you've debunked the myths surrounding cocaine/crack use, some additional dangers remain. First, cocaine/crack is an *illegal* drug that passes through a number of distribution layers before it is bought by a user. At each level, an illegal profit is made, which encourages corruption at every level.

Second, because of cocaine/crack trafficking's high profits, maintaining a cocaine/crack habit is expensive. Very often, those who use the drug become involved in illegal activities to support their habit (for example, stealing, dealing, or becoming involved in gang activity). These activities, in turn, lead to problems with family, school, and work, as well as with the law.

Cocaine/crack trafficking takes over $75 billion out of the U.S. economy each year. Likewise, law enforcement estimates that over 50% of property crimes committed in large cities are carried out by cocaine/crack addicts. Police departments spend a lot of time investigating cocaine/crack related crimes, the cost of which is passed on to taxpayers.

Whether health-related, legal, social, or economic, the dangers involved with cocaine/crack are well-known and documented.

Helping Your Child Choose Wisely

Follow these guidelines to help your child make wise choices about cocaine use:

- Teach your child the facts about cocaine/crack (and other drugs) and their effects. If you don't know the facts about cocaine/crack and other drugs and how they affect young people, your child will see through you and turn you off. When you speak to your child, you want him or her to *find you believable.* So learn the facts and teach the facts.
- Talk to your children early about the dangers of cocaine/crack and other drug use, and repeat the message often.
- Establish a no-tolerance rule for any cocaine/crack or other drug use by children and teenagers and stick to it. Make sure your child recognizes that this rule is rooted in your caring and concern.
- Let your views be known even if you are certain that your child is *not* using cocaine/crack. Your child needs to know your position and your expectations.
- Set reasonable but firm limits for your child's behavior and be ready to enforce them. This means that if your child tests a limit by using cocaine/crack, you must respond with consequences that are logical, consistent, and that affect your child (not you).[1]
- Make sure your child recognizes that you trust him or her by giving your child the chance to meet your expectations. Remember to offer praise when your child observes limits, shows sound judgment, or engages in appropriate behavior.

[1] For more information read *How to Set Limits for Kids* and *How to Enforce Consequences When Kids Violate Limits,* published by the Johnson Institute. Call toll-free 800-231-5165. (For a complete treatment of the subject read *Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs,* also published by the Johnson Institute.)

- If you suspect that your child is using, do not condemn him or her as a person. However, do talk calmly to your child about his or her behavior, discuss your evidence, and voice your strong disapproval.
- Assure that parties for young people are well supervised; refuse to allow anyone to bring cocaine/crack or other drugs into such gatherings.
- Support school and civic efforts at education, prevention, and intervention with regards to cocaine/crack and other drugs.
- Be careful not to send mixed messages to your child about cocaine/crack use. For example, one of the most damaging mixed messages is to *disapprove* of your child using cocaine/crack, and then to use it yourself or have friends who use it. This really confuses young people who rely on parents for consistent messages that reflect clear limits and values about cocaine/crack and other drug use. As parents, you have much more influence than you may imagine. Research has revealed that clear messages from parents are far more influential on young people's choices than are advertisements, TV, movies, or even peers.
- Model abstinence by not using cocaine/crack. Remember, research shows that "the way" that parents use or don't use cocaine/crack or other drugs will influence the way their child will choose to use.

Simple Refusal Skills

It is highly likely that your child will experience some pressure from peers or other friends to experiment with drugs including trying cocaine/crack. To resist, to say "no" and not lose friends, will take some practice on your child's part. On your part, you can really help by giving some suggestions to help your child practice. Here's a sample situation in which your child may find himself or herself someday:

A friend says: "Hey, there's a great party this Saturday. I know this guy who will be there and who'll let us try some crack for free. Let's go. It'll be a blast!"
Here are a number of ways to respond. Each one says "no," while allowing your child to remain friends.

1 *Just Say No* – "Not me. No way! I'm not interested."

2 *Act Shocked* – "You're going to try crack? Are you serious? I can't believe you'd do that. That stuff is bad."

3 *Laugh It Off* – "No thanks. I want to live to see my next birthday. I'd like you to make *your* next birthday, too."

4 *Make an Excuse* – "Can't. I have to babysit on Saturday night."

5 *Flatter* – "I don't trust that stuff. And I don't want to lose you for a friend. But if my parents ever found out that I did crack with you, our friendship would be history."

6 *Offer a Better Idea* – "Nah! That's stupid--that stuff will kill you. Besides I want to see that new movie and you said you wanted to see it, too. So let's go!"

7 *Turn the Tables* – If the friend refuses to take no for an answer and increases the pressure ("What's the matter, are you chicken?"), then what? Turn the tables, and put the pressure on him or her: "What's the matter, are you chicken to smoke it alone? No, thanks! That stuff's bad for my heart. If you want to be stupid, go ahead--not me"

Refusing to give in to peer pressure about using drugs takes practice. It takes being assertive without being mean or critical. It comes easily when children plan ahead what to do "just in case" they find themselves in a situation in which they have to choose whether or not to use cocaine/crack or any other drug. It comes most easily when children feel self-assured, confident that their feelings count as much as their friends', and when children are secure in their parents' position regarding all drug use.

Getting Help

Here is a list of some observable signs and symptoms that characterize cocaine/crack abuse:

- dilated pupils
- extreme restlessness, jitteriness, and talkativeness
- anxiety, agitation, and belligerence
- physical aggression or violence
- weight loss
- increased heart rate or complaints of heart pains/palpitations
- insomnia
- hallucinations, convulsions, respiratory failure, or cardiac arrest—all symptoms of an overdose of cocaine or crack
- intense psychotic symptoms: suspiciousness, paranoid thought, delusions of persecution, hallucinations, and repetitious meaningless behaviors/symptoms of an overdose of other stimulants

If you suspect your child may have a problem with cocaine/crack, don't hesitate. Contact professional counselors and/or medical staff trained in chemical dependence. You can also get assistance from the following organizations:

Cocaine Anonymous 800-347-8998

The national office will help you find a Cocaine Anonymous group in your area. You can also reach Cocaine Anonymous via computer on the World Wide Web at www.ca.org.

Phoenix House 800-COCAINE (800-262-2463)
Phoenix House is a nonprofit drug abuse service agency. A counselor will help you find a treatment facility in your area. If you wish, you can contact Phoenix House at its World Wide Web address: www.riverhope.org/phoenix

National Clearing House on Alcohol and Drug Information: 800-729-6686

National Drug Information Treatment and Referral Hotline: 800-662-HELP (4357)

Finally, for more help and information, contact:
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The
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What to Teach Kids About Hallucinogens

For Parents, Teachers, and Other Caregivers

Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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What Are Hallucinogens?

Hallucinogens (also called psychedelics) are a group of drugs that tend to cause a person to see, hear, taste, smell, or feel things that aren't real. In other words, these drugs cause a person to hallucinate. An hallucination is like a dream. But, dreaming is a natural part of life. Hallucinating is not a natural brain activity. When a person has hallucinations, something abnormal is going on in the person's brain. Hallucinogens can also cause people to see and hear everyday things in different ways.

When a person has hallucinations, something abnormal is going on in the person's brain.

There are two types of hallucinogens: *natural* and *synthetic*. Natural hallucinogens occur naturally in a variety of plants. Natural hallucinogens include:

- mescaline or peyote
- psilocybin or "magic mushrooms" or "shrooms"

Synthetic hallucinogens are chemically produced in laboratories. Synthetic hallucinogens include:

- LSD (lysergic acid diethylamide), also called simply "acid"
- PCP (phencyclidine), also termed "Angel Dust"
- designer drugs (e.g., MDMA or "Ecstasy")

Natural Hallucinogens

Mescaline

Mescaline is an active hallucinogenic drug that is found in the peyote cactus, which is common to the deserts of Mexico. The top of the cactus forms a small crown or button, in which the mescaline is contained. The crown or button can be eaten fresh, or dried to be eaten later or to be used to make a tea.

Psilocybin

Psilocybin is an active hallucinogenic drug that is found in a number of mushrooms, thus the slang term for this drug: "magic mushrooms" or "shrooms."

Synthetic Hallucinogens

LSD (lysergic acid diethylamide)

LSD is one of the most powerful drugs known. It is 4,000 times as strong as mescaline and 100 times as strong as psilocybin. LSD, also called "acid," is colorless, odorless, and tasteless. The drug is usually found in the form of tiny tablets, tiny gelatin squares, or is absorbed into small pieces of paper called "blotters," or "window panes" which users chew to extract the drug. LSD severely impairs a person's judgment. It makes it difficult if not impossible to control one's thoughts or feelings. Moreover, users of LSD imagine they can do superhuman things without being hurt. LSD is a very dangerous drug.

PCP (phencyclidine)

PCP, also known as "Angel Dust," "Killer Weed." "Devil Stick," and "Rocket Fuel," can be found in the form of a powder, granules, capsules, or tablets. It can be swallowed, sniffed or snorted through the nose, or injected into the blood stream by needle. Some people combine it with tobacco or marijuana and smoke it. PCP is a very quick-acting drug and an extremely dangerous one. It can cause terrifying hallucinations and unpredictable and often violent behavior. PCP can both stimulate and depress the central nervous system. That is why different users react so very differently to the drug. Even the same user may react differently at different times. People who are high on PCP are often very violent and can be dangerous to others and to themselves. PCP causes intense sweating, numbness and repeated vomiting. It disrupts muscular control and makes it hard to stand, walk and talk. Scientists point out that the problem with PCP is that we know so little about it and its effects. However, we do know that:

- PCP is the most dangerous hallucinogen
- PCP is the most widely used hallucinogen
- Because PCP is simple and cheap to produce, it is too readily available to young people, putting them at great risk.

Designer Drugs

The term "Designer Drug" is applied to any new, illegally produced, synthetic hallucinogen. The most well-known of these drugs is MDMA or "Ecstasy," a mix of amphetamine and synthetic mescaline. Thus, health professionals classify MDMA both as an hallucinogen and as an amphetamine (or stimulant). Generally, MDMA is found in the form of capsules or pills. Like LSD and PCP, MDMA changes the way the brain works in dangerous ways. It upsets the balance of chemical transmitters within the brain and causes nausea, vomiting, and strong feelings of depression and anxiety.

What Are the Effects of Hallucinogens?

Hallucinogens alter mood, thought, perception, and brain function. Hallucinogens mix up the senses so that users have hallucinations, thinking that they "see" sounds, "hear" colors, "smell" sights, and so on. Users may realize that they are seeing or hearing something that is not there, but the illusion can seem very real. People under the influence of an hallucinogen have been known to think that they are on fire, can fly, are being harmed by others, and so on. Put simply, hallucinogens alter the senses and thus can cause:

- temporary psychosis (loss of mental control) and unpredictable behavior (e.g., trying to fly or walk on water)
- distorted senses of time, direction, and distance
- convulsions (violent shaking)

- panic due to loss of control
- violent behavior
- suicidal tendencies
- paranoia (unfounded dread or fear)
- flashbacks (recurrence of hallucinations even without using the drug)
- delirium (like a lightening storm in the brain)

Because hallucinogens affect the brain so radically, they also radically affect personality. Hallucinogen users, therefore, are at risk for mental illness, feelings of estrangement, depression, and anxiety, and behavior similar to schizophrenic psychosis.

Hallucinogens can also over-stimulate the central nervous system resulting in:

- tremors
- dilated pupils
- sweating
- appetite loss
- increased blood pressure
- raised body temperature
- increased heart rate
- harm to a developing fetus
- risk of spontaneous abortion
- coma

Hallucinogens are very *unreliable* and *unpredictable* drugs. Their effects vary from use to use. An LSD user, for example, might experience a "good trip" one day and a "bad trip" the next. There is no way to predict how a person will react to an hallucinogenic drug.

Can a Person Become Addicted to Hallucinogens?

People who are addicted to a drug have lost their choice and control over how much of the drug they use. Drug addicts crave the drug of choice and seek it out. The Institute for Alcohol and Drug Information reports that unlike cocaine, alcohol, or narcotics, hallucinogens do not produce drug seeking behavior (addiction). However, hallucinogens do produce tolerance. Repeat users have to take increased doses to get the same "high." Since the effects of hallucinogens are so unpredictable, repeat users are at even greater risk of serious harm because of the negative physical and psychological effects of the drugs.

Helping Your Child Choose Wisely

A national survey in the mid-1990s revealed that almost 9% of children aged 12 and older have used hallucinogens. To help your child make wise choices in order to avoid the dangers of hallucinogen use, follow these guidelines:

- Talk to your child early about the dangers of hallucinogens, and repeat the message often.
- Teach your child the facts about hallucinogens (and other drugs) and their effects. If you don't know the facts about hallucinogens and other drugs and how they affect young people, your child will see through you and turn you off. When you speak to your child, you want him or her to *find you believable*. So learn the facts and teach the facts.[1]

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[1] Two brief but excellent resources to help you learn the facts are the books *Parenting for Prevention: How to Raise Your Child to Say No to Alcohol/Drugs* and *Alcohol Is a Drug, Too*, published by the Johnson Institute. Call toll-free 800-231-5165.

- Establish a no-tolerance rule for *any* drug use by children and teenagers and stick to it. Make sure your child recognizes that this rule is rooted in your caring and concern.
- Let your views be known even if you are certain that your child is *not* involved with hallucinogens. Your child needs to know your position.
- Set reasonable but firm limits for your child's behavior and be ready to enforce them. This means that if your child tests a limit by using a hallucinogen (or any other drug), you must respond with consequences that are logical, consistent, and that affect your child (not you).[2]
- Make sure your child recognizes that you trust him or her by giving your child the chance to meet your expectations. Remember to offer praise when your child observes limits, shows sound judgment, or engages in appropriate behavior.
- If you suspect that your child is using hallucinogens, do not condemn him or her as a person. Instead, talk calmly to your child about his or her behavior, discuss your evidence, and voice your strong disapproval.
- Assure that parties for young people are well-supervised; refuse to allow anyone to use hallucinogens or bring them or other drugs into such gathering.
- Support school and civic efforts at education, prevention, and intervention with regard to all drugs, including alcohol.

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[2] For more information read *How to Set Limits for Kids*, and *How to Enforce Consequences When Kids Violate Limits*, published by the Johnson Institute. Call toll-free 800-231-5165. (For a complete treatment of the subject, read *Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs*, also published by the Johnson Institute.)

- Be careful not to send mixed messages to your child about use of hallucinogens. For example, one of the most damaging mixed messages is to *disapprove* of your child using hallucinogens but using them yourself or having friends who use them. This really confuses young people who rely on parents for consistent messages that reflect clear limits and values about hallucinogens or other drug use. Research has revealed that clear messages from parents are far more influential on young people's choices than are advertisements, TV, movies, or even peers.

Model abstinence regarding use of hallucinogens. Remember, research shows that "the way" that parents use alcohol or others drugs will influence the way their child will choose to use.

Simple Refusal Skills

In order for your child to resist using hallucinogens—to say no without risking the loss of friends—he or she will need some practice. You can help by sharing the suggestions below to help your child practice. Here's a sample situation in which your child may find himself or herself someday:

> A friend says: "Hey, there's a great party this Saturday. There'll be lots of great music. Someone's even bringing some 'Ecstasy.' Let's go. It'll be a blast!"

Here are a number of ways to respond. Each one says no, while allowing your child to remain friends.

1. ***Just Say No*** – "Not me. No way! I'm not messing with that stuff."
2. ***Act Shocked*** – "You're going to do Acid? Are you crazy? Why screw yourself up with that junk?"
3. ***Laugh It Off*** – "No thanks. When I go on a trip, I want to know where I'm going."
4. ***Make an Excuse*** – "Can't. I have to babysit on Saturday night."
5. ***Flatter*** – "Thanks, but I value our friendship too much. If my parents ever found out that I did drugs with you, our friendship would be history."
6. ***Offer a Better Idea*** – "Nah! I've seen what that stuff can do. I'm not interested. Besides, I want to see that new movie. You said you wanted to see it too. So let's go!"
7. ***Turn the Tables*** – If the friend refuses to take no for an answer and increases the pressure ("What's the

> matter, are you chicken?"), then what? Turn the tables, and put the pressure on him or her: "What's the matter, are you chicken to go by yourself? What are you trying to prove anyway?"

Refusing to give in to peer pressure about using drugs takes practice. It takes being assertive without being mean or critical. It comes easily when children plan ahead what to do "just in case" they find themselves in a situation in which they have to choose whether or not to use alcohol or any other drug. It comes most easily when children feel self-assured, confident that their feelings count as much as their friends', and when children are secure in their parents' position regarding all drug use.

What to Do if Your Child Is Involved with Hallucinogens

Here are some observable signs and symptoms that can signal hallucinogen use:

- staring, but not focusing on anything
- insomnia, sweating
- recurring fever
- quick onset and persistence of feelings of depression, anxiety, or paranoia
- the shakes
- difficulty walking or standing
- garbled or incoherent speech
- violent or unusually hostile behavior

If you suspect your child is involved with hallucinogens—or any other drugs for that matter—take immediate action. Seek help from professional counselors and/or medical staff trained in chemical dependence. You can find them by looking in the yellow pages of your local telephone directory. You can also get assistance from the following organizations:

National Clearing House on Alcohol and Drug Information: 800-729-6686

National Drug Information Treatment and Referral Hotline: 800-662-HELP (4357)

Finally, for more help and information, contact:
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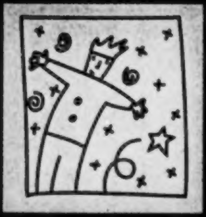

What to Teach Kids About Hallucinogens

You'll learn:

- What hallucinogens are.
- How to talk to your child about them.
- Where to get help for someone who is using them.

The skills are simple, easy to learn, and can be used by married or single parents, grandparents, step-parents, foster parents, teachers, and other caregivers.

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The
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Information Series

What to Teach Kids About Inhalants

For Parents, Teachers, and Other Caregivers

Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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What Are Inhalants?

Inhalants are a group of volatile and dangerous chemicals contained in common consumer products sold in grocery stores, drug stores, hardware stores, and similar places. Inhalants usually emit or propel a gas that contains intoxicating fumes. The majority of these chemicals are legal and are found in everyday household products, which accounts for the fact that they are not usually thought of as drugs used by people to get high. Inhalants are most often used by teenagers and children. Inhalants include:

- model airplane glue
- gasoline
- turpentine
- paint or lacquer thinners
- typewriter correction fluid (e.g., *Wite Out*™ or *Liquid Paper*™)
- cleaning fluids
- lighter fluid
- amyl nitrate (this is an inhalant with a legitimate medical use in treating heart patients; illegitimate forms of amyl nitrate are called Poppers or Snappers)
- nail polish remover
- nitrous oxide (laughing gas or Whippets), used as a sedative by dentists or as a propellant in whipped cream aerosols

- butyl nitrate (originally sold as a locker room deodorizer under the trade name Locker Room; now sold in drug paraphernalia shops as *Bolt, Rush, Quicksilver, Highball, Bullet,* and *Climax*)
- felt-tipped markers
- almost anything in an aerosol can; e.g., deodorant, spray paint, cooking sprays, oven cleaner, hair spray, insecticide, etc.

How Are Inhalants Used?

As their name implies, inhalants are used by sniffing or inhaling the particular substance's fumes. Often, the user places the substance in a small plastic or paper bag and then places the opening of the bag over his or her mouth and nose. Occasionally users inhale the fumes by holding a rag or handkerchief to the mouth and nose (sniffing or huffing). Finally, sometimes fumes from a liquid substance (e.g., gasoline) are inhaled directly from its container.

What Are the Effects of Using Inhalants?

Most inhalants depress the central nervous system.

Like alcohol, most inhalants depress the central nervous system. Even moderate use of these drugs can result in intoxication similar to that caused by alcohol. Because different substances have different effects, it's not easy to categorize the effects of inhalants. However, all of the following can result from inhalant use:

- dizziness and disorientation
- loss of muscle coordination (sometimes incontinence—the involuntary passing of feces and urine)
- a reduction in heart and breathing rates
- unconsciousness
- abnormal thinking and behavior
- violent behavior
- impaired judgment
- possible harm to the developing fetus when used by a pregnant woman
- damage to bone marrow, lungs, liver, and kidneys with long-term use
- impaired vision
- possible chromosomal abnormalities in youths
- brain damage and hepatitis with chronic exposure
- possibility of becoming "hooked" (chemically dependent)
- death

Why Are Inhalants Such a Dangerous Risk for Young People?

A number of factors combine to make inhalant use a deadly risk for children and teenagers. First, the majority of inhalants contain *many chemical ingredients,* some of which are highly toxic. Because it's impossible to control or even estimate an inhalant dose (How do you measure a sniff?), users can easily overdose. Immediate death can result (and has resulted) from a person's very first use of an inhalant. Using inhalants can also lead to accidental suffocation when a plastic bag being used to concentrate fumes is pulled over the head.

Young people often turn to inhalants because they are inexpensive and readily available. You probably have a number of them already in your home. Young people do not have to have much—if any—money or go out of their way to gain access to inhalants. That's why a distressing number of youngsters become involved with inhalants at an early age (prior to age 11 or 12). Inhalants are deceptive. That is, many people, young people especially, don't even think of inhalants as drugs. Young people reason, "I don't drink alcohol or use other drugs. This is only glue. It's no big deal." Young people see using inhalants as something exciting or daring to do when they're bored. They don't see it as using/abusing drugs.

Helping Your Child Choose Wisely

Follow these guidelines to help your child make wise choices about use of inhalants:

- Teach your child the facts about inhalants (and other drugs) and their effects. If you don't know the facts about inhalants and other drugs and how they affect young people, your child will see through you and turn you off. When you speak to your child, you want him or her to *find you believable.* So learn the facts and teach the facts.[1]
- Talk to your children early about the dangers of inhalants and other drug use, and repeat the message often.
- Establish a no-tolerance rule for inhalant or other drug use by children and teenagers and stick to it. Make sure your child recognizes that this rule is rooted in your caring and concern.
- Let your views be known even if you are certain that your child is *not* using inhalants. Your child needs to know your position and your expectations.
- Set reasonable but firm limits for your child's behavior and be ready to enforce them. This means that if your child tests a limit by using an inhalant, you must respond with consequences that are logical, consistent, and that affect your child (not you).[2]

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[1] Two brief but excellent resources to help you learn the facts are the books *Parenting for Prevention: How to Raise Your Child to Say No to Alcohol/Drugs* and *Alcohol Is a Drug, Too,* published by the Johnson Institute. Call toll-free 800-2 1-5165.

[2] For more information read *How to Set Limits for Kids,* and *How to Enforce Consequences When Kids Violate Limits,* published by the Johnson Institute. Call toll-free 800-231-5165. (For a complete treatment of the subject read *Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs,* also published by the Johnson Institute.)

- Make sure your child recognizes that you trust him or her by giving your child the chance to meet your expectations. Remember to offer praise when your child observes limits, shows sound judgment, or engages in appropriate behavior.
- If you suspect that your child is using, do not condemn him or her as a person. However, do talk calmly to your child about his or her behavior, discuss your evidence, and voice your strong disapproval.
- Assure that parties for young people are well supervised; refuse to allow anyone to use inhalants and other drugs.
- Support school and civic efforts at education, prevention, and intervention with regard to inhalants and other drugs.
- Be careful not to send mixed messages to your child about drug use. For example, one of the most damaging mixed messages is to *disapprove* of your child using drugs such as alcohol or cocaine but then to permit the *use of inhalants* such as nitrous oxide (laughing gas) because you can't see the harm in it. Such mixed messages really confuse young people, who rely on parents for consistent messages that reflect clear limits about drug use. As a parent, you have much more influence than you may imagine. Research has revealed that clear messages from parents are far more influential on young people's choices than are advertisements, TV, movies, or even peers.
- Model abstinence by not using inhalants such as nitrous oxide. Remember, research shows that "the way" that parents use or don't use inhalants or other drugs will influence the way their child will choose to use them.

Simple Refusal Skills

Sometimes a child may fall into inhalant use simply on a dare. A child's friends apply some pressure to "give it a try," and the child, fearing that he or she will lose friends, complies. To resist, to say no and not lose friends, will take some practice on your child's part. On your part, you can really help by giving some suggestions to help your child practice. Here's a sample situation in which your child may find himself or herself someday:

> A friend says: "Hey, I've got some airplane glue and plastic bags. You can get really high on this stuff. Want to try it with me? It'll be a blast!"

Here are a number of ways to respond. Each one says "no," while allowing your child to remain friends.

Just Say No – "Not me. No way! Not interested."

Act Shocked – "I can't believe you'd try that. What are you trying to prove?"

Make an Excuse – "Can't. I have to go straight home. My mom's waiting for me."

Flatter – "I don't want to lose you for a friend, but if my parents found out I was getting high with you, our friendship would be history."

Offer a Better Idea – "I don't trust that stuff. It can make you crazy. Besides, I really want to see that new movie, and you said you did too. So let's go!"

Turn the Tables – If the friend refuses to take no for an answer and increases the pressure ("What's the matter, are you chicken?"), then what? Turn the tables, and put the pressure on him or her: "What's the matter, are you chicken to do it alone? If you want to be stupid, go ahead, I'm not messing with it—not me."

Refusing to give in to peer pressure about using inhalants or any other drug takes practice. It takes being assertive without being mean or critical. It comes easily when children plan ahead of what to do "just in case" they find themselves in a situation in which they have to choose whether or not to use inhalants or any other drug. It comes most easily when children feel self-assured, confident that their feelings count as much as their friends', and when children are secure in their parents' position regarding all drug use.

How to Tell if Your Child Is Involved with Inhalants

First, remember that you know your child pretty well. You know his or her health history, personal habits, and behavior patterns. The signs and symptoms of inhalant abuse are similar to the signs of other chemical abuse. Here are a few things to watch for:

Physical Changes. Sudden changes in physical characteristics like the following could indicate inhalant use:

- persistent headaches
- bad or unusual breath odor
- red or runny eyes, or wearing dark glasses indoors to cover his or her eyes
- substantial amounts of inhalant materials (cleaning products, hair spray, paint thinners) missing from the household or apparent in your child's room
- nausea and appetite loss
- stains on hands or clothing from paint or any other inhalant substance
- drunk or wobbly appearance and/or behavior
- undue sweating or shaking
- sores or spots on the face, especially around the mouth
- slurred speech

Behavioral Changes. Sudden changes in behavior like the following can also indicate inhalant abuse:

- ***Sudden changes in your child's peer group.*** Often, children who are using drugs switch peer groups and begin to hang out with other users.

- *A shift in your child's temperament.* If your child becomes overly moody, hostile, even elated, or begins to engage in violent behavior, or cuts off communication between you and himself or herself, he or she may be involved with inhalant use.
- *Ignoring responsibilities.* Pay attention to a child who stops attending to responsibilities (e.g., household chores, feeding a pet, etc.) or whose work becomes messy or slipshod.
- *Poor school performance.* Slipping grades, tardiness, unaccounted absences can be signs of trouble with inhalants or other drugs.

What Can Parents Do?

Be informed about the presence and the dangers of inhalants in your child's life. Keep lines of communication open with your child about those dangers. Be sure your child knows about the dangers surrounding inhalant use. Finally, establish a no-tolerance rule and consequences for violating the rule.[3] Remind your child that while risk-taking is part of growing up, experimenting with inhalants is not a good risk—not a risk worth taking. Using inhalants even once can have long-lasting, even fatal, results.

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[3] For more information, read *Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs*, published by the Johnson Institute. Call toll-free 800-231-5165.

If you suspect that your child might be involved with inhalant use, contact professional counselors and/or medical staff trained in chemical dependence. You can find their numbers in the yellow pages. You can also get assistance from the following organizations:

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The skills are simple, easy to learn, and can be used by married or single parents, grandparents, step-parents, foster parents, teachers, and other caregivers.

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The
Parenting for Prevention
Information Series

What to Teach Kids About Marijuana

For Parents, Teachers, and Other Caregivers

Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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What Is Marijuana?

Marijuana (also called pot, weed, grass, reefer, smoke, and joint) is a common hemp plant that bears the botanical name *Cannabis sativa.* Did you know that marijuana contains well over 400 different types of chemicals? Its major chemical or drug, however, is called THC (delta-9-tetrahydrocannabinol). Like other drugs (e.g., alcohol, cocaine, heroin), marijuana produces physical, emotional, behavioral, and mental changes in those who use it. Like other drugs, marijuana affects the chemistry of the brain and thus is considered a mind-altering and mood-changing chemical. Three times more potent and toxic than it was a decade ago, marijuana poses a serious threat to the health and safety of young people who use it today.

Marijuana is considered a "gateway" drug to other potent drugs of abuse.

In the United States, marijuana is an illegal drug. In rare instances certain physicians have prescribed it for patients undergoing chemotherapy for cancer and other serious diseases. However, there is great controversy surrounding this practice. Along with tobacco and alcohol, marijuana is considered a "gateway" drug to other potent drugs of abuse. Research indicates that those who regularly use marijuana are far more likely than those who do not use it to experiment with other more powerful drugs.

How Is It Used?

Ground up particles of the marijuana plant (except for roots and main stem) are either smoked or eaten. When smoked, the body absorbs the chemical THC through the lungs. When eaten (usually by being mixed with food, e.g., cake or brownies), the body absorbs the THC through the lining of the stomach.

What Are Its Forms?

Marijuana is used in a variety of forms:

- hand-rolled marijuana cigarettes (reefers, joints)
- loose marijuana (smoked in pipes, also called bongs)
- hashish (condensed forms of marijuana that look like small balls of dark clay or tar; smoked in pipes)

Who Uses Marijuana?

Marijuana is the most widely used illicit drug in America. A 1990 survey by the National Institute on Drug Abuse indicated that about one third of the population has used it at least once. Most people who use marijuana claim to use it for "recreational" purposes. Even though marijuana use is a criminal offense, these people don't see themselves as criminals but as law-abiding citizens who simply choose to ignore the law. For the most part, marijuana users figure that it's no big thing. Unfortunately, that thinking comes from not being aware of just how marijuana affects the body. By the way, marijuana use by young people has increased significantly since 1992 as the drug has become more and more available and more potent. The Monitoring the Future Study of 1994 surveyed a large number of eighth, tenth and twelfth grade students throughout the country. Of all the students surveyed, nearly 40% had used marijuana. Seven percent of the students reported using marijuana as early as the seventh grade. Next to alcohol, marijuana is the drug of choice for young people.

What Are the Effects of Marijuana Use?

Mention the word "marijuana" and memories of the "far out" sixties and seventies come rushing back to many adults. Marijuana was the "happening" drug of the hippie era. It was *the* drug of choice, *the* way to get high. People who remember the late sixties and early seventies may think that marijuana was and is a fairly harmless drug, a "gentle high," whose only effect was "the munchies." In reality, however, marijuana is not now—nor was it ever—just a harmless or innocuous recreational drug.

Like alcohol, marijuana has a tranquilizing effect on most people. Users report feelings of euphoria and relaxation, as well as an altered sense of time and body image. At the same time, users also experience reddening of the eyes, an increase in heart rate, and dryness or scratchiness in the mouth and throat. Besides these initial effects, marijuana use has a number of other consequences:

- Marijuana smoke contains carcinogens (cancer-causing agents) and toxic particles that can lead to bronchitis, emphysema, and lung cancer. The smoke from one marijuana joint is more harmful to the lungs than is the smoke from an entire pack of tobacco cigarettes. And research has proven that tobacco smoke is very harmful!

- As mentioned above, marijuana alters the heart rate, which, in turn, can lead to anxiety, panic attacks, or paranoia.
- Marijuana use by pregnant women can harm the developing fetus.
- Chronic marijuana use has been associated with lower testosterone (the male hormone) levels and with reduced sperm count in males.
- Marijuana use suppresses the production of white blood cells (the cells that fight infection and disease); thus, regular marijuana users often suffer from coughs, colds, and other respiratory problems.
- Marijuana often impairs judgment and concentration and inhibits motor skills; these effects, in turn, impair a person's ability to drive an automobile, operate machinery, and even make simple decisions.
- Those who use marijuana heavily over a long time can develop something called *amotivational syndrome*—or what is commonly called "burnout"—where they become dull, inattentive, and listless. People who are "burnt out" from marijuana use have a "so what?" or an "I don't care" attitude about things. Of course, these users do not recognize this attitude; they think they are normal; they believe they are achieving much, when, in fact, they are achieving very little.[1]

The above have always been the effects of THC in marijuana. Today, the level of THC in marijuana—especially in the cultivated varieties—is far higher

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For more information on the effects of marijuana-use, read *It's Time to Know: Ten Marijuana Users Share Their Personal Stories*, published by the Johnson Institute. Call toll-free 800-231-5165.

than it was 30, 20, 10, even 5 years ago. Thus, the potency of marijuana has greatly increased. Likewise, you should know that it takes a long time for the body to eliminate THC. Even though a person may be completely oblivious to the presence of THC in the body, the effects of marijuana use go on long after the initial—and temporary—high wears off.

Can A Person Become Addicted to Marijuana?

Addiction or chemical dependence is described as losing choice and control over how much, how often, or when a person uses a particular drug (in this case marijuana). Thus, we can say that if a person's use of marijuana interferes with any area of life—whether personal (physical, mental, emotional, spiritual) or social (family, friends, work, or the law)—and the person *cannot stop using permanently without help,* that person is chemically dependent. More and more young people are becoming dependent on marijuana use today. They simply don't know or believe the facts about using marijuana. That's why it's important that **you** as a parent, be armed with the facts.

If a person's use of marijuana interferes with any area of life—and the person cannot stop using permanently without help, that person is chemically dependent.

Marijuana and Your Child

Whether or not a person's use of marijuana leads to dependence, heavy use can lead to very dangerous problems. As you can see from the information above, marijuana use has nothing but negative effects on emotions, moods, drive, productivity, attitudes, and

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thinking. Marijuana use can lead to lethargy, poor concentration, lack of motivation, and feelings of depression, isolation, and paranoia. These effects do nothing but impede your child in his or her growing years.

Going through adolescence successfully means accomplishing some important developmental or life tasks such as developing:

- individuality
- a healthy sexual identity (in order to experience intimacy)
- independence
- integrity

Marijuana use not only impairs a young person's learning, it also impedes his or her ability to complete these developmental tasks by causing and encouraging a type of emotional escapism. Young people who use marijuana can end up confusing escapism with individuality, attachment to a drug with intimacy with a person, dependence with independence, and irresponsibility with integrity.

This happens to young people because they wrongly perceive marijuana as helping them deal with the problems, choices, and crises of adolescence. Unfortunately, marijuana use actually obscures a person's perception of reality. Thus, at a time when young people most need to discover how to make wise choices, prepare for the future, and forge a personal value system, marijuana can detour them from the path that leads to growing into healthy, happy, and responsible adults.

Helping Your Child Choose Wisely

Follow these guidelines to help your child make wise choices about marijuana use.

- Teach your child the facts about marijuana (and other drugs) and their effects. If you don't know the facts about marijuana and other drugs and how they affect young people, your child will see through you and turn you off. When you speak to your child, you want him or her to *find you believable.* So learn the facts and teach the facts.[2]
- Talk to your children early about the dangers of marijuana and other drug use, and repeat that message often.
- Establish a no-tolerance rule for any marijuana or other drug use by children and teenagers and stick to it. Make sure your child recognizes that this rule is rooted in your caring and concern.
- Let your views be known even if you are certain that your child is *not* using marijuana. Your child needs to know your position and your expectations.
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- If you suspect that your child is using, do not condemn him or her as a person. However, do talk calmly to your child about his or her behavior, discuss your evidence, and voice your strong disapproval.
- Assure that parties for young people are well-supervised; refuse to allow anyone to use marijuana or bring it or other drugs into such gatherings.
- Support school and civic efforts at education, prevention, and intervention with regard to marijuana and other drugs.
- Be careful not to send mixed messages to your child about marijuana use. For example, one of the most damaging mixed messages is to *disapprove* of your child using marijuana but to use it yourself or allow other adults to use it in your home. This really confuses young people who rely on parents for consistent messages that reflect clear limits and values about marijuana or other drug use. As a parent, you have much more influence than you may imagine. Research has revealed that clear messages from parents are far more influential on young people's choices than are advertisements, TV, movies, or even peers.
- Model abstinence by not smoking marijuana. Remember, research shows that "the way" that parents use marijuana or other drugs will influence the way their child will choose to use.

Simple Refusal Skills

It is highly likely that your child will experience some pressure to use marijuana, even from his or her friends. To resist, to say no and not lose friends, will take some practice on your child's part. On your part, you can really help by giving some suggestions to help your child practice. Here's a sample situation in which your child may find himself or herself someday:

> A friend says: "Hey, there's a cool party this Saturday. There'll be some great pot! Let's go. It'll be a blast!" Here are a number of ways to respond. Each one says "no," while allowing your child to remain friends.

1 ***Just Say No*** – "Not for me. No way!"

2 ***Act Shocked*** – "You're going to smoke dope? And you're the one who's always in everybody's face about being straight! What's up with that?"

3 ***Laugh It Off*** – "No thanks. I've got enough trouble keeping up my grades. I'm not gonna screw my head up anymore than it is!"

4 ***Make an Excuse*** – "Can't. I have to babysit on Saturday night."

5 ***Flatter*** – "Hey, I'd really like to come. But if my parents ever found out that I smoked grass with you, our friendship would be history."

6 ***Offer a Better Idea*** – "Nah! Let's go catch that adventure flick. You said you wanted to see it, and so do I."

7 ***Turn the Tables*** – If the friend refuses to take no for an answer and increases the pressure ("What's the matter, are you chicken?"), then what? Turn the

tables, and put the pressure on him or her: "What's the matter, are you chicken to go by yourself?"

Refusing to give in to peer pressure about using drugs takes practice. It takes being assertive without being mean or critical. It comes easily when children plan ahead what to do "just in case" they find themselves in a situation in which they have to choose whether or not to use marijuana or any other drug. It comes most easily when children feel self-assured, confident that their feelings count as much as their friends', and when children are secure in their parents' position regarding all drug use.

Does Your Child Have a Problem with Marijuana?

Here are some observable signs or symptoms of marijuana use/abuse:

- redness in the eyes
- dilated pupils
- euphoria
- increased appetite
- dry mouth
- mood swings
- the peculiar odor of burned rope on the breath or in clothes
- extreme fatigue and paranoia (symptom of marijuana overdose)

If you discover that your child is using marijuana, do not condemn him or her as a person. However, do talk openly and calmly with your child—but only when he or she is not "high"—about his or her behavior. Present and discuss your evidence of his or her marijuana use. And voice your strong disapproval. Refuse to engage in arguments with your child over whether marijuana should be a legal drug. Simply point out its *illegality.* Stress *your* opposition to its use. And establish a no-tolerance rule and consequences for any use.[4] Finally, use the following questions to help your child determine whether marijuana use is a problem:

1. **Do you ever use marijuana alone to get high?**
2. **Is it hard to imagine having fun or just day-to-day living without marijuana?**
3. **Do you use marijuana to avoid dealing with your problems?**
4. **Do you use marijuana to cope with your feelings?**
5. **Is your circle of friends determined by whether or not they also use marijuana?**
6. **Has your marijuana-use caused problems with memory, concentration, or motivation?**
7. **Do you use marijuana to escape into your own little world?**
8. **Have you ever made and broken a promise about cutting down or controlling marijuana use?**
9. **Do you worry about running out of marijuana?**
10. **Do you plan your life around marijuana use?**
11. **Have relatives or close friends ever complained that your marijuana use is hurting your relationship with them?**

If your child answers yes to any of the above questions, seek help from a professional who can evaluate your child for possible chemical dependence problems.

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[4] For more information read *How to Set Limits for Kids* and *How to Enforce Consequences When Kids Violate Limits*, published by the Johnson Institute. Call toll-free 800-231-5165.

Help Is Available

If you need help, don't hesitate. You can contact professional counselors and/or medical staff trained in chemical dependence. Look in the yellow pages of your local telephone directory. You can also get assistance from the following organizations:

Marijuana Anonymous World Services Office: 800-766-6779

National Clearing House on Alcohol and Drug Information: 800-729-6686

National Drug Information Treatment and Referral Hotline: 800-662-HELP (4357)

Finally, for more help and information, contact:
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The
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What to Teach Kids About Narcotics (Opiates)

For Parents, Teachers, and Other Caregivers

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Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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What Are Narcotics?

Narcotics get their name from the Greek word *narke,* meaning numbness. Narcotics are a group of drugs that ease or alleviate pain and often induce sleep. The narcotics include:

- opium
- morphine
- codeine
- heroin

The last three are derivatives of the first (opium). Thus, narcotics are often called opiates. It's a good idea to be familiar with all four of these "natural" narcotics.

Opium

Opium comes from the juice of the opium poppy, a flower whose scientific name is *Papaver somniferum,* "the poppy that brings sleep." When dried, the juice from the flower forms brown chunks that can be crushed into a powder to be chewed, smoked, or even sniffed. Years ago, doctors used opium as a medicine. However, it proved to be very unreliable. Some people quickly became addicted to the drug. Others found no relief from it. Still others were made even sicker. The medical profession soon abandoned opium use.

Morphine

At the beginning of the nineteenth century, scientists who were working to refine opium discovered morphine. Morphine is a white crystalline drug and the principal chemical in crude opium. Ten times stronger than opium, doctors hoped morphine would be a more powerful but a far safer drug than opium in relieving pain. Morphine did—and still does—a better job at pain relief than opium. Doctors use it to ease severe pain caused by cancer and other diseases, or serious injuries. However, morphine is also a much more addictive and dangerous drug than opium and so, the dosage has to be carefully controlled.

Codeine

Codeine is another derivative of opium that is used to control less severe types of pain. It is also used in cough medicines, because it depresses the part of the brain that controls the cough reflex. Codeine is not as powerful as the other narcotics, but people can and do become addicted to it, so it is a controlled medication. It is available only through a physician's prescription.

Heroin

Since opium and morphine proved to be powerful but dangerous drugs, doctors continued their search for another and safer form of narcotic. In the late 1800s, they discovered heroin.[1]

Heroin is a white powder derived from the drug morphine. It is twice as strong as morphine, and thus 20 times stronger than opium. It also works much faster in depressing the brain than does opium or morphine. Because it is so strong and so quick-acting, heroin is the most dangerous and most addictive of all the narcotics.

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[1] On the street among addicts, heroin is known by a number of slang terms, including the following: "horse," "junk," "H," "smack," and "dope."

Heroin has no medical use today. Any sale, possession, or use of the drug is illegal. Heroin is the most commonly abused narcotic today.

Synthetic Narcotics

Opium, morphine, codeine, and heroin are often called "natural" narcotics, because they are derived from a product of nature (the opium poppy). In addition to these "natural" drugs, narcotics also include a number of synthetic drugs that have morphine-like effects, such as methadone, hydromorphone, and ropoxyphene. Methadone deserves special mention.

Methadone has effects that are very similar to the effects of morphine. It is particularly useful in treating the withdrawal symptoms suffered by people addicted to other narcotic drugs, especially heroin.

Methadone blocks the pleasurable effects of heroin. Even though people can also abuse methadone and even become addicted to it—especially if not used under a doctor's supervision—this synthetic narcotic has helped many people detoxify and kick a heroin habit.

How Are Narcotics Used?

Narcotics are usually taken orally in pill or liquid form. After entering the stomach, they are slowly absorbed into the bloodstream and are carried

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to the brain. This is what happens with codeine cough syrup, for example. Sometimes, in the case of serious illness or surgery, narcotics are injected by needle.

Some narcotics are smoked (usually illegal narcotics like opium and heroin freebase). The drug enters the lungs, moves to the bloodstream, and then quickly to the brain. The effects of smoking a narcotic are usually stronger than those of ingesting it.

Finally, intravenous injection is also a common method of illegal narcotic use. Historically, for example, those who used heroin injected the drug intravenously. This is the fastest way for a narcotic to reach and affect the brain. Given the risk of contracting AIDS (from the sharing of needles), many narcotic (heroin) addicts today have begun to snort (inhale through the nose) heroin; the drug is then absorbed through the lining of the nose.

What Are the Effects of Narcotics?

- Initially, narcotic use produces a feeling of intense pleasure or euphoria—a "high"—as well as sedation.
- Narcotics impair a person's coordination, motor skills, and judgment.
- Narcotics used by pregnant women can harm the developing fetus; babies born to narcotic addicts may be born chemically dependent and because of withdrawal symptoms need special medical care.
- Intravenous (IV) heroin use is linked to the spread of AIDS as well as serum hepatitis, boils and other skin inflammations, and lung congestion.
- It is extremely dangerous to mix narcotics with other drugs; for example, to be using a prescription

drug containing codeine and then drinking alcohol with it. Alcohol amplifies the power of codeine so that respiration decreases. If the person passes out and vomits, the person could aspirate the vomit into his or her lungs and stop breathing.

- Since most narcotic abuse occurs by using a drug that is acquired by illegal means, there is often no way to be sure of the drug's purity and/or strength. Very often, "street drugs" are contaminated by any number of substances—from powdered sugar to rat poison.
- Overdose can also cause death by respiratory arrest.
- Using heroin leaves a person at great risk to become addicted to the narcotic drug.

"Natural" and "Unnatural" High

You may have heard of the term "endorphins." They are chemical proteins that occur naturally in the brain. If you were to think of the brain as a large series of electrical connections, endorphins would be the switches along those connections. Some endorphins act like "off" switches. They turn off pain messages and protect the body from too much pain. Other endorphins are "on" switches. They turn on pleasure centers in the brain.

The brain tells the body to produce endorphins when it needs extra pain protection or relief, to feel pleasure, and to do other things to maintain physical health. Endorphins give us a "natural" high. Our brains know just how many endorphins our bodies need and when they need them. Endorphins are produced naturally through exercise, enjoyable work, study, hobbies, entertainment, or even pleasant social interaction.

Narcotics create a chemical imbalance in the brain.

Narcotics masquerade as endorphins in the body. Like our natural endorphins, narcotic drugs act like switches in the brain, turning pain off, turning pleasure on. However, the relief they provide and the pleasure they induce are *not* "natural." Instead, they create a chemical imbalance in the brain. They affect the brain in ways that can't be predicted. They turn off pain and turn on pleasure too fast, too much, too often. They trick the brain into wanting the "unnatural" high that they induce, rather than the "natural" high that the body creates for itself through the production of endorphins. People who use narcotics to change the way they feel—to experience only pleasure and no uncomfortable feelings—are really trying to escape from the reality of life's ups and downs. They will soon find themselves addicted to their "unnatural" high—addicted to narcotics.

Who Becomes Addicted to Narcotics and How?

Anyone who uses a narcotic drug regularly—and without medical supervision—can easily become addicted or chemically dependent. Chemical dependence means losing choice and control over when, where and how much you use a particular drug. When a person's use of narcotics interferes with any area of life—whether personal (physical, mental, emotional, spiritual) or social (family, friends, legal, work)—and the person *cannot stop using permanently without help,* that person is probably chemically dependent.

A person can become both *physically and psychologically* dependent on narcotics. Each aspect of dependence is as devastating as the other.

Physical Dependence. Narcotic drugs, as we have seen, cause chemical changes in a person's body. Physical dependence develops when someone uses a narcotic drug regularly over time. The body begins to adapt to it, soon craves the drug, and then needs it to function normally. If drug use is stopped, the person begins to have *withdrawal* symptoms, which can be very frightening and painful. To avoid having to undergo these symptoms and to continue to function normally, the person continues to use the drug.

Psychological Dependence. Psychological dependence happens once a person's use of a mind and mood-altering drug has developed to a point where using becomes an obsession. At such a point, the person can neither control use nor choose not to use. The person continues to use. However, the person uses not to feel pleasure anymore, but to feel normal, to be able to function, or simply to survive.

Withdrawal. If a person who has become dependent on narcotics cannot get the drug(s), he or she will soon experience withdrawal symptoms. Since heroin is the most commonly abused narcotic—and the narcotic most readily available "on the street"—let's look at the withdrawal symptoms from heroin.

For the heroin addict, withdrawal symptoms begin within 6 to 10 hours after the last dose. These withdrawal symptoms include:

- depression and agitation
- nausea, vomiting, diarrhea
- painful stomach cramps
- fever, chills, profuse sweating
- runny nose, watery eyes
- sleeplessness and repeated yawning
- jangled nerves, restlessness
- feelings of fear, anxiety, panic
- terrible cravings for the narcotic or some kind of sedative to calm down
- feelings of going crazy
- seizures and convulsions

An Added Danger of Narcotic Use

As if physical and psychological dependence and the suffering due to withdrawal were not hazardous enough to young people, narcotic use has an added danger. Because they are more expensive and in lesser supply than other illegal drugs, young people often turn to other illegal acts (theft, burglary, assault) in order to afford the narcotics. In the end, the danger to young people doubles. They are at risk due to the narcotics themselves, and also the dangerous activities surrounding narcotic use.

Helping Your Child Choose Wisely

Follow these guidelines to help your child make wise choices about narcotic use:

- Teach your child the facts about narcotics (and other drugs) and their effects. If you don't know the facts about narcotics and other drugs and how they affect young people, your child will see through you and turn you off. When you speak to your child, you want him or her to *find you believable*. So learn the facts and teach the facts.[2]

- Talk to your children early about the dangers of narcotic and other drug use, and repeat the message often.
- Establish a no-tolerance rule for any narcotic or other drug use by children and teenagers and stick to it. Make sure your child recognizes that this rule is rooted in your caring and concern.
- Let your views be known even if you are certain that your child is *not* using narcotics. Your child needs to know your position and your expectations.
- Set reasonable but firm limits for your child's behavior and be ready to enforce them. This means that if your child tests a limit by using alcohol, you must respond with consequences that are logical, consistent and that affect your child (not you).[3]
- Make sure your child recognizes that you trust him or her by giving your child the chance to meet your expectations. Remember to offer praise when your child observes limits, shows sound judgment, or engages in appropriate behavior.
- If you suspect that your child is using, do not condemn him or her as a person. However, do talk calmly to your child about his or her behavior, discuss your evidence, and voice your strong disapproval.

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[2] Two brief but excellent resources to help you learn the facts are the books *Parenting for Prevention: How to Raise Your Child to Say No to Alcohol/Drugs* and *Alcohol Is a Drug, Too*, published by the Johnson Institute. Call toll-free 800-231-5165.

[3] For more information read *How to Set Limits for Kids* and *How to Enforce Consequences When Kids Violate Limits*, published by the Johnson Institute. Call toll-free 800-231-5165. (For a complete treatment of the subject, read *Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs*, also published by the Johnson Institute.)

- Assure that parties for young people are well supervised; refuse to allow anyone to bring drugs, including alcohol, into such gatherings.
- Support school and civic efforts at education, prevention, and intervention with regard to narcotics and other drugs.
- Be careful not to send mixed messages to your child about narcotic use. For example, one of the most damaging mixed messages is to *disapprove* of your child using narcotics, and then to use them yourself or associate with other people who use them. This really confuses young people who rely on parents for consistent messages that reflect clear limits and values about narcotic or other drug use. As a parent, you have much more influence than you may imagine. Research has revealed that clear messages from parents are far more influential on young people's choices than are advertisements, TV, movies, or even peers.
- Model abstinence by not using narcotics. Remember, research shows that "the way" that parents use any drug, including alcohol, will influence the way their child will choose to use.

Simple Refusal Skills

Saying no to narcotic—or any other drug—use and not losing friends will take some practice on your child's part. On your part, you can really help by giving some suggestions to help your child practice. Here's a sample situation in which your child may find himself or herself someday:

> A friend says: "Hey, there's a great party this Saturday. I know this guy who will be there and who'll let us try some smack for free. Let's go. It'll be a blast!"

Here are a number of ways to respond. Each one says no, while allowing your child to remain friends.

Just Say No – "No, thanks. Not for me. No way!"

Act Shocked – "You're going to try heroin? Are you crazy? What's wrong with you?"

Make an Excuse – "Can't. I have to babysit on Saturday night."

Offer a Better Idea – "Nah! That stuff is trouble. Besides, I want to see that new movie. You said you wanted to see it too. Let's go!"

Turn the Tables – If the friend refuses to take no for an answer and increases the pressure ("What's the matter, are you chicken?"), then what? Turn the tables. "No, I'm just smarter than you. There's no way I'm messing up my head with that stuff. It's for losers."

Refusing to give in to peer pressure about using drugs takes practice. It takes being assertive without being mean or critical. It comes easily when children plan ahead what to do "just in case" they find themselves in a tough situation in which they have to choose whether or not to use narcotics or any other drug. It comes most easily when children feel self-assured, confident that their feelings count as much as their friends', and when children are secure in their parents' position regarding all drug use.

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Getting Help

Here is a list of some observable signs and symptoms that characterize heroin and other narcotic drug use:

- slurred speech, dilated pupils
- mellow moods; sometimes euphoric and expansive
- nodding, falling asleep at odd times; lethargy
- runny nose, watery eyes; wiping the nose frequently
- needle track marks on inner arms, outer legs

If you suspect your child may have a problem with heroin or any other narcotic drug, get help immediately. Contact your physician, a professional counselor, and/or medical staff trained in chemical dependence. You can also get assistance from the following organizations:

Narcotics Anonymous: 818-780-3951
Nar-Anon Family Groups: 213-547-5800
National Clearing House on Alcohol and Drug Information: 800-729-6686
National Drug Information Treatment and Referral Hotline: 800-662-HELP (4357)

Finally, for more help and information, contact:

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What to Teach Kids About Alcohol

For Parents, Teachers, and Other Caregivers

Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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Alcohol: What Is It?

Alcohol is a drug. Alcohol—or ethyl alcohol—is an intoxicating drug that is naturally formed by fermenting sugar with yeast. Alcohol is the potent drug contained in:

- distilled liquors such as whiskey, gin, vodka, etc.
- wine and wine coolers
- beer and malt liquors.

ALCOHOL IS A DRUG

Stop here and look again at the first sentence. It bears repeating: "Alcohol is a drug." Like other potent drugs (e.g., cocaine, heroin, marijuana), alcohol produces significant physical, emotional, behavioral, or mental changes in those who use it. Like other drugs, alcohol affects the chemistry of the brain and thus is a mind-altering and mood-changing chemical.

Too often people talk about alcohol or drugs *or* alcohol *and* drugs as if alcohol were somehow different from other potent drugs and belonged in a less harmful category all by itself. True, our society, our government, even our laws treat alcohol differently from the way they treat other drugs (e.g., cocaine, heroin, or marijuana). However, the symptoms of addiction are basically the same for all these mind- and mood-altering chemicals.

What Are the Effects of Alcohol?

Drunk as a beverage, alcohol is a fast-acting chemical that travels rapidly from the stomach into the blood stream and soon spreads to others parts of the body, including the brain and nervous system. For most people, alcohol has a soothing or tranquilizing effect because it *depresses* the central nervous system and makes them feel pleasant and relaxed. When taken in greater amounts than is within normal limits, the depressing effect of alcohol removes normal inhibitions, blocks self-control, and causes a person's mood, personality, and behavior to change—sometimes radically.

For some people, however, alcohol—at least initially—*stimulates* the central nervous system and makes them feel energized and alert. This explains why some drinkers actually think they "work better" or "drive better" after a few drinks. However, this is a totally false perception.

Alcohol impairs a person's judgment, muscle coordination, speech, vision and other senses. In fact, the greater the amount of alcohol consumed, the more the brain shuts down and the greater the impairment. Some people believe that they can drink more beer without worrying about the effects because beer is less intoxicating than hard liquor or mixed drinks. These people are wrong.

The amount of alcohol contained in a one-and-a-half-ounce shot of eighty proof whiskey is the same as that in a twelve-ounce can or bottle of beer or in a fiveounce glass of wine. Each of these three beverages is equally intoxicating.

When alcohol is consumed quickly in very large amounts, it can cause respiratory failure, unconsciousness, coma, and even death. Too many university students have died due to alcohol poisoning (too much, too fast) during initiation rites at fraternity parties.

Likewise, if alcohol is regularly consumed in increasing quantities over time, it often damages the liver, kidneys, heart, and brain. When people become addicted to alcohol, they usually cannot stop permanently without help. Many people continue to use alcohol even when drinking has caused serious problems to their health, relationships, or performance at work.

Why Do Young People Use Alcohol?

The answer to this question depends on who you ask. If you ask adults, you'll find some of them looking for an external culprit: some person, place, or circumstance to blame. These adults believe that *outside* forces like the following influence young people to drink:

- peer pressure
- the influence of the media: advertisements, TV, movies
- weak law enforcement
- the poor example of athletes, rock stars, and other youth idols
- the erosion of moral values.

If you ask other adults, they respond: "Why bother to ask why? It won't make any difference anyway. Besides, what can we do when our kids tell us that *all their friends* drink—and their friends' parents don't mind!?" These adults have developed some basic beliefs and attitudes about teenage drinking that are false and that can prove quite dangerous when acted upon. Below is a list of those beliefs and attitudes. Each one is false or inaccurate. Each is dangerous.

- Hard drugs such as crack, cocaine, or heroin pose a much greater threat to kids than does alcohol.
- As long as kids stay off hard drugs, it's okay to overlook the occasional use of alcohol.
- Drinking is okay for young people as long as they don't drink and drive.
- Only the kids who come from unhappy or messed-up families get into trouble with alcohol or other drugs. As long as we love our kids enough, everything will be fine.
- Underage drinking is normal. We just create more problems when we make a big deal out of kids' drinking.
- Kids can't become alcoholics or drug addicts, anyway.
- Kids are going to drink and use drugs no matter what any adult says or does.
- Beer and wine coolers won't hurt kids. It's the hard stuff that can get them in trouble.
- It's not the way we (adults/parents) use alcohol or other drugs that matters to kids. It's what their peers do that counts.

All these false and dangerous attitudes or beliefs keep these adults from giving young people clear, "no-use" messages about alcohol and other drugs.

Now, if you ask *young people* why they use alcohol, they look at drinking from a different point of view. Kids point to *internal* reasons:

- to see what it's like
- to have fun
- to see if they can handle it
- to rebel against authority
- to take risks
- to be accepted by their friends, or by a certain group.

Young people report that they choose to use alcohol because something *inside* them urges them to do so.

As a parent, it's important that you recognize the difference in perspective here. Young people often see drinking as linked to something they very much crave: independence or being grown-up. Consciously or unconsciously, our society has made alcohol use part of the rite of passage to adulthood. Young people, anxious to make that passage, often turn to alcohol to ease the way.

Why You Should Be Concerned about Your Child and Alcohol?

- Young people are much more vulnerable than are adults to alcohol's physical and psychological risks.
- When parents allow underage children to use alcohol for any reason, the chances that the young per-

son will develop problems with alcohol or other drugs increases threefold.

- Forty-five to fifty percent of teenagers who are victims of violent death have been drinking alcohol just prior to the fatal event.
- Research has revealed that children must be prepared to deal with choices about using alcohol (or other drugs) well before their seventh-grade year; in fact, most experts agree that somewhere during their fourth-grade year a significant number of children face the decision whether or not to use alcohol or other drugs.
- Alcohol-related traffic accidents are the leading cause of death for people age 16 to 24; over 10,000 young people die each year in accidents connected with drinking and driving.
- Drinking by young people leads to and increases poor grades in school, trouble with law enforcement, problems with family, and personal feelings of inadequacy, incompetence, anxiety, and stress.
- Alcohol is the drug of choice for young people, who can and do become alcoholics (chemically dependent).

Sadly, and whether you like it or not, alcohol-use by teenagers in our country has become as mainstream as MTV and surfing the Internet. Sooner or later, in one way or another, your child will have to make choices about the use of alcohol, just as surely as he or she must make choices about relationships, sex, studies, and career. By learning to make healthy and wise choices about alcohol or other drugs, your child can avoid the risk of becoming addicted (chemically dependent). And, please, don't be misled. Young people, even children, can and do become chemically dependent.

What Does It Mean to Be Chemically Dependent?

People can become chemically dependent or addicted to alcohol or any other mind-altering, mood-changing chemical or drug. People who are alcoholic or chemically dependent have lost their choice and control over when, where and how much alcohol or other drugs they use.

For example, some people can drink alcohol on special occasions and stop after one or two drinks. Some people can have a drink or two every night and stop. But some people keep on drinking until they become drunk or even after they're drunk. These people have lost choice and control over how much they drink.

We can say that if a person's use of alcohol—or any other drug—interferes with any area of life—whether personal (physical, mental, emotional, spiritual) or social (family, friends, work, or the law)—and the person *cannot stop using permanently without help,* that person is probably chemically dependent.

It's important to note that most alcoholics or chemically dependent people *can* stop drinking or using at least temporarily. Many *do* stop just to prove they are not addicted. Rarely, however, can they *stay* stopped without help. It's also important to realize that anyone can become chemically dependent: rich or poor, male or female, old or young, of any race.

Here's how the Chinese describe alcoholism:
"First the person takes a drink, then the drink takes a drink, then the drink takes the person."

As a parent, it's important for you to understand—and to help your child understand—that alcoholism or chemical dependence is not a moral weakness or failure. It's a disease. And although the disease is not curable, it is treatable and often preventable. Wise choices made early with regard to alcohol use can help your child avoid the risk of becoming chemically dependent.

Helping Your Child Choose Wisely

Follow these guidelines to help your child make wise choices about alcohol use:

- Teach your child the facts about alcohol (and other drugs) and their effects. If you don't know the facts about how alcohol and other drugs can affect young people, your child will see through you and turn you off. When you speak to your child, you want him or her to *find you believable.* So learn the facts and teach the facts.[1]
- Talk to your children early about the dangers of alcohol and other drug use, and repeat the message often.
- Establish a no-tolerance rule for any alcohol or other drug use by children and teenagers and stick to it. Make sure your child recognizes that this rule is rooted in your caring and concern.

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[1] Two brief but excellent resources to help you learn the facts are the books *Parenting for Prevention: How to Raise Your Child to Say No to Alcohol/Drugs,* and *Alcohol Is a Drug, Too,* published by the Johnson Institute. Call toll-free 800-231-5165.

- Let your views be known even if you are certain that your child is ***not*** using alcohol. Your child needs to know your position and your expectations.
- Set reasonable but firm limits for your child's behavior and be ready to enforce them. This means that if your child tests a limit by using alcohol, you must respond with consequences that are logical, consistent, and that affect your child (not you).[2]
- Make sure your child recognizes that you trust him or her by giving your child the chance to meet your expectations. Remember to offer praise when your child observes limits, shows sound judgment, or engages in appropriate behavior.
- If you suspect that your child is using, do not condemn him or her as a person. However, do talk calmly to your child about his or her behavior, discuss your evidence, and voice your strong disapproval.
- Assure that parties for young people are well-supervised; refuse to serve alcohol and to allow anyone to bring alcohol or other drugs into such gatherings.
- Support school and civic efforts at education, prevention, and intervention with regard to alcohol and other drugs.
- Be careful not to send mixed messages to your child about alcohol use. For example, one of the most damaging mixed messages is to *disapprove* of your child using alcohol at a peer party but then to *allow* him or her to drink alcohol at a family party or gathering. This really confuses young people who

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[2] For more information read *How to Set Limits For Kids* and *How to Enforce Consequences When Kids Violate Limits,* published by the Johnson Institute. Call toll-free: 800-231-5165.
(For a complete treatment of the subject, read *Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs,* also published by the Johnson Institute.)

rely on parents for consistent messages that reflect clear limits and values about drinking or other drug use. As parent, you have much more influence than you may imagine. Research has revealed that clear messages from parents are far more influential on young people's choices than are advertisements, TV, movies, or even peers.

Model abstinence or moderation in your own use of alcohol. Remember, research shows that "the way" that parents use alcohol or other drugs will influence the way their child will choose to use.

Simple Refusal Skills

Even though you now recognize that peer pressure is not the major factor in a young person's choice whether to drink or use other drugs, your child will experience such pressure from his or her friends. To resist, to say no and not lose friends, will take some practice on your child's part. On your part, you can really help by giving some suggestions to help your child practice. Here's a sample situation in which your child may find himself or herself someday:

A friend says: "Hey, there's a great party this Saturday. There'll be lots of beer. Let's go. It'll be a blast!"

Here are a number of ways to respond. Each one says "no," while allowing your child to remain friends.

1 *Just Say No* – "Not for me. No way!"

2 *Act Shocked* – "You're going to a kegger? And you're the one who's always in everybody's face about being sober and straight! What's up with that?"

3 *Laugh It Off* – "No thanks. It's a lot more fun to watch everyone else act stupid."

4 *Make an Excuse* – "Can't. I have to babysit on Saturday night."

5 *Flatter* – "Hey, that's cool. I'd really like to come. But if my parents ever found out that I went drinking with you, our friendship would be history."

6 *Offer a Better Idea* – "Nah! Let's go catch that adventure flick. You said you wanted to see it and so do I."

7 *Turn the Tables* – If the friend refuses to take no for an answer and increases the pressure ("What's the matter, are you chicken?"), then what? Turn the tables, and put the pressure on him or her: "What's the matter, are you chicken to go by yourself?"

Refusing to give in to peer pressure about drinking or using drugs takes practice. It takes being assertive without being mean or critical. It comes easily when children plan ahead what to do "just in case" they find themselves in a situation in which they have to choose whether or not to use alcohol or any other drug. It comes most easily when children feel self-assured, confident that their feelings count as much as their friends', and when children are secure in their parents' position regarding all drug use.

What if Your Child Has a Problem with Alcohol?

If you suspect your child may have a problem with alcohol, contact professional counselors and/or medical staff trained in chemical dependence. You can also turn to self-help groups like Alcoholics Anonymous, Al-Anon, and Alateen. Numbers for local groups can be found in the yellow pages of your local telephone directory. You can also get assistance from the following organizations:

A.A. (Alcoholics Anonymous) General Service Office 212-686-1110
Al-Anon Family Group Headquarters 212-302-7240
Alateen 212-302-7240
National Clearing House on Alcohol and Drug Information 800-729-6686
National Drug Information Treatment and Referral Hotline 800-662-HELP (4357)

Finally, for more help and information, contact:
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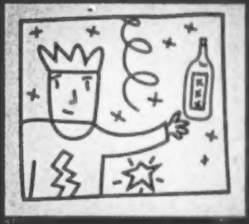

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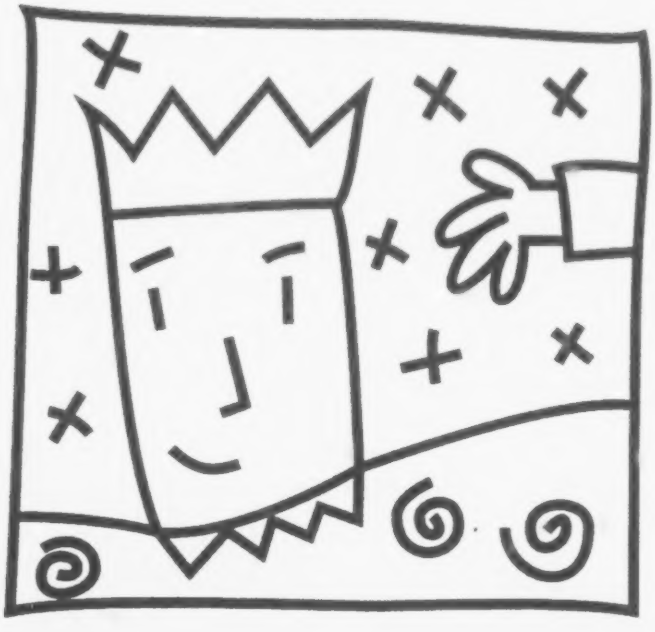

Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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There's nothing easy about being a parent. We love our kids and want them to be happy, safe, and successful in everything they do. Naturally, we worry—it simply comes with the territory. We worry about whether our kids are doing well in school, what kind of friends they're hanging around with, if they're drinking or using other drugs, and most of all, how to keep them safe from all the violence that exists.

Our protective instinct makes us wish we could keep our kids close at hand twenty-four hours a day, making sure they're doing the right thing and staying out of harm. But we can't. Even though we want desperately to keep our kids safe, we can't protect them when they're out of our sight—at school, with friends, or out on the streets. And even if we could, we know that we have to let our children grow up and gradually leave the nest.

How can we stop worrying and start trusting that our kids will make the right choices?

So where does that leave us? How can we stop worrying and start trusting that our kids will make the right choices in an often dangerous world where violence, alcohol, and other drug use have become the norm? The answer is this: By EMPOWERING our kids. By helping them learn how to be sensible, safe, and secure.

That's what every parent wants. We want our children to develop into confident, competent individuals who are able to stand on their own, avoid peer pressure,

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and be accepted and respected wherever they go. We want them to grow up to be responsible family members and upstanding citizens. We want them to learn how to make healthy choices that ensure their well-being at every stage of their lives.

And we can. IF we're willing to start **EMPOWERING** instead of **ENABLING** our kids.

What's **ENABLING?** Enabling is *a process in which well-meaning parents unintentionally allow and even encourage irresponsible and self-destructive behavior in their children by shielding them from the consequences of their actions.* Here's how it plays out: Enabling is when we take over our children's tasks, when we rescue our kids from problems or crises they've created, rather than letting them face the consequences. We enable whenever we bail our kids out of trouble, let them off the hook, and accept their excuses instead of holding them accountable for their actions.

Here are some typical examples of enabling:

- A mother wakes up her teenage daughter every morning because she's gotten into trouble at school for oversleeping and constantly being late.
- A father goes miles out of his way to drive his son to school every day to make sure he doesn't skip classes.
- A mother gives her son extra money when his

allowance runs out so he won't miss out on doing fun things with his friends.

- A mother finishes her daughter's homework, sometimes even doing it for her so that her grades won't slip.
- A father gives in to his daughter's every desire because he can't stand it when she cries.

These parents sincerely believe they're helping. But they're helping in the **WRONG** way. That's the problem! Instead of **EMPOWERING** their kids, they're **ENABLING** them.

Sound familiar? If you're like most parents, you may have tried to "help" by signing an excuse slip so your daughter could get an extension on taking a science test she didn't feel like studying for. You may have stopped what you were doing to run to your son's little league game to bring him the glove he'd forgotten for the third time in a row. Our first instinct is to be Mom or Dad To The Rescue, fixing our kids' problems instead of expecting and encouraging them to take full responsibility for their actions.

We may not be *aware* of how and when we're enabling our children. We're so used to stepping in and solving their problems, giving them second and third chances, accepting their excuses and saving them from consequences that we may not even know we're doing it. But stop for a moment and consider how often **YOU** could be enabling **YOUR** child in any or all of these eight ways: (Just answer yes or no.)

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YES or No

1 Do you let your child slack off on fulfilling responsibilities, like doing schoolwork, chores, or keeping commitments like showing up for softball practice or music lessons?

2 Do you bend the rules instead of firmly and consistently sticking to them?

3 Do you give in to your child's demands because "Helen's mother let's **HER** do it."

4 Do you try to bail your child out when he or she gets into trouble with teachers, coaches, or other authority figures?

5 Do you threaten consequences but fail to follow through?

6 Do you "cover" for your child or make excuses for his or her irresponsible choices?

7 Do you stop what you're doing and run to the rescue when your child forgets something he or she needs?

8 Do you take over your child's responsibilities by doing his homework, cleaning his room, or making sure he gets where he's supposed to be on time?

If you answered **YES** to any or all of the above, you're in good company. If we're to be perfectly honest with ourselves, most parents fall into the trap of enabling their kids instead of empowering them. Here are some of the reasons why we do it:

Because we want our children to be happy

We let our children off the hook because we have a low tolerance for seeing them in pain. We THINK that giving in to or being "easy" on our kids will keep them from being disappointed or unhappy.

Because we want our children to succeed

We rescue our children because we want them to be popular, get good grades, make the team, or keep their job. We THINK that bailing them out when they're in trouble will prevent them from failure and from losing their confidence.

Because we're stressed out

We take on our children's responsibilities because it's the path of least resistance. We THINK it's easier to just *do* our children's tasks than to argue, nag, or constantly remind them of what's expected.

Because we want their approval

We bend the rules because we want our children to like us. We THINK that being permissive, overlooking our kids' mistakes, or forgoing consequences will make us heroes in their eyes.

Because we want to keep them out of trouble

We intervene on our children's behalf in order to keep them from getting into trouble. We THINK that stepping in and solving their problems will keep them in good standing at school and in other outside activities.

Because we're unsure of ourselves

We hesitate to hold our children accountable because we lack confidence in ourselves.

We **THINK** that our lack of parenting skills makes it unfair or impossible to set strict rules and follow through on consequences.

When we enable our kids, we ***mean*** well. We want the best for our children, and we're willing to go out of our way to help them in any way we can. But here's the catch: When we enable our kids, Our **BEST INTENTIONS** produce **BAD RESULTS.** How can **HELPING** our children end up **HURTING** our children? While our hearts are in the right place, enabling sets kids up for failure. How? By preventing them from experiencing the consequences of their actions. When we shield our children from consequences, they don't learn from their mistakes. And they definitely don't learn to do the **RIGHT** thing in a variety of real-life situations. Instead, they learn to do the *wrong* thing: How to be demanding or manipulative in order to get their own way. How to disrespect or ignore authority. That it's okay to be irresponsible because they've gotten away with it, and that bad choices don't necessarily have serious consequences. That someone else will do their work for them, clean up their messes, and rescue them when they screw up. In short, enabling teaches our children the opposite of what we want them to learn: HOW TO MAKE SAFE, SECURE, AND SENSIBLE CHOICES THAT WILL SERVE THEM NOW AND FOR THE REST OF THEIR LIVES.

That's where **EMPOWERING** comes in. Empowering our children means actively teaching them to take responsibility for their choices and be accountable for their actions. It means setting clear limits, consistently enforcing consequences, and expecting our children to live up to high standards so that they become competent and confident human beings.

These four scenarios illustrate the difference between *enabling* and *empowering* our children:

SCENARIO ONE

ENABLING: It's a school night and it's seven-year-old Becky's bedtime. Mom is tired, crabby, and trying to get Becky away from the television and into bed. Mom begs, cajoles, and threatens. Becky throws a temper tantrum and Mom, too exhausted to fight, gives in.

THE MESSAGE: If you whine loud enough, you get your way. Becky has learned that she can manipulate her mother by wearing down her defenses. This won't help Becky learn to respect authority or get along with friends, teachers, or employers later in life.

EMPOWERING: It's a school night and Becky has a set bedtime. Mom is tired, but calmly intent on getting Becky to turn off the television and get ready for bed. Mom informs Becky that if she doesn't get ready for bed right now, there won't be time for a bedtime story. Mom is firm. Becky cooperates.

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THE MESSAGE: Mom's in charge. Even though Betsy is only seven, she learns that if she doesn't follow the rules, there will be clear consequences. Plus, Betsy is learning healthy habits by her mother's insistence that she get enough sleep.

SCENARIO TWO

ENABLING: Jenny, a high-school freshman, sobs to her father that her basketball coach won't let her play in the big game because she's missed practice. Her father is outraged at the coach because Jenny complains that she just forgot! Jenny's the best forward on the team, and besides, he's not about to let some second-rate coach keep ***his*** daughter from playing in an important game. Daddy will take care of it. He calls the coach and in his best blustery manner makes his position perfectly clear: "Let my daughter play or you'll have me to answer to!"

THE MESSAGE: There are no consequences for Jenny's irresponsibility. On the contrary, she's gained her father's sympathy—and he's scored some bonus points with Jenny by throwing his weight around. Jenny has learned that there's no cost to making irresponsible choices—in this case, to going to the mall with her friends when they insist, instead of honoring her commitment to go to basketball practice. By enabling Jenny, Dad reinforces the likelihood of her making other bad choices, such as using threats to get what she wants, or giving in to peers when they pressure her to skip school or to drink or use other drugs.

EMPOWERING: Jenny sobs to her father that her basketball coach won't let her play because she's missed a practice. Her father gets more information, asking: "You only missed ***one*** practice?" Jenny hesitates, then says, "Well, a *couple,* but I just forgot because I promised to meet my friends at the mall." When Jenny's father determines that his daughter has made an irresponsible choice, he supports the coach's decision. He acknowledges Jenny's disappointment, encouraging her to make a better choice the next time because that's what he and Mom expect of her.

THE MESSAGE: There are real consequences that come with your choices. Jenny has learned that there's a cost to blowing off her commitment, one that she will have to pay, without counting on her father to run interference for her. Learning to follow through on commitments will give Jenny more confidence, self-respect and courage to do the right thing even when she feels pressure from her peers to do the wrong thing.

SCENARIO THREE

ENABLING: Mom is standing at the sink doing dishes. Michael, age ten is about to dash out the door, when Mom reminds him it's his job to take out the trash. "But Mom, my friends are waiting for me," Michael wails. Mom sighs to herself as Michael runs off to play. Will Michael take out the trash later? Obviously not, since Mom, tired of looking at the overflowing garbage cans, has already taken it out herself. She doesn't confront Michael's irresponsible behavior because it isn't worth fighting about.

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THE MESSAGE: It doesn't matter whether or not you fulfill your responsibilities. Michael has learned that if he doesn't do his job, someone else will do it for him. And, he's learned that his contribution to the family isn't all that important. What's important is for him to do what he wants, when he wants, regardless of his responsibilities.

EMPOWERING: Mom is standing at the sink doing dishes. As Michael sails through the kitchen on his way out the door to meet his friends, Mom says: "Hold it, Michael. It's your job to take out the trash. When you're finished, you can play with your friends." She uses positive reinforcement by telling Michael how much it helps when he does his part to help make the household run smoothly.

THE MESSAGE: I expect you to take your responsibilities seriously. Michael has learned that he must complete his chores before he can play. In addition, he's learned that his contribution to the family is valued and appreciated, that he's an integral part of his family, which will make him less vulnerable to joining gangs and/or getting in trouble with alcohol or other drugs.

SCENARIO FOUR

ENABLING: Ronald, a gangly teenager, is caught sneaking into the house an hour past curfew. Dad half-heartedly berates Ronald, who says, "Aw Dad, I forgot my watch. Beside, what's the big deal?" Dad pulls out the big guns, telling Ronald that his mom will be furious if she finds out. Ronald pleads, "Can't we just keep it between us guys?" Remembering the times HE had gotten into trouble, Dad agrees to keep mum, just this one time. After all, boys will be boys.

THE MESSAGE: You're off the hook. Ronald has learned these four lessons: Rules are made to be broken. Parents can be manipulated. Authority doesn't mean much. And, playing one parent against the other is an effective strategy for getting out of trouble. In his desire to be Ronald's buddy, Dad has conspired with him instead of holding him accountable. Having learned how to wiggle his way out of consequences, Ronald is more likely to engage in other risky behavior like drinking and driving, provoking fights, stealing, or vandalizing property.

EMPOWERING: Dad catches his teenage son, Ronald, sneaking into the house an hour after curfew. He confronts his son, telling him he's an hour late and how worried both he and Ronald's mother were when he didn't come home on time. Ronald tries to squirm his way out of his curfew infraction. Dad doesn't buy Ron's excuses. Instead, he doles out the consequence (Ron has to stay home on Friday night)—and reminds his son that in order to earn trust, he will have to demonstrate responsibility by respecting the curfew his parents have set.

THE MESSAGE: You will respect the limits we set. Ronald has learned that his parents are working as a team and that both of them expect him to follow the rules they've mutually agreed on. He's learned that privileges are earned by consistently showing his parents that he can be trusted.

Clearly, when we **ENABLE** our children we teach them to make irresponsible choices that can have serious, long-term consequences. Whereas when we **EMPOWER** our children, we instill the values and foster the skills that help them to make sensible choices that will keep them on the right track. Research has shown that kids who have these skills feel safer, more secure, and are less prone to become involved in alcohol/drug use or violence. They are more likely to develop into successful adults who know the difference between right and wrong, who have the courage of their convictions and the commitment to follow through. We can make a huge impact on our children's lives by learning how to stop enabling and start empowering them to be everything we want them to be.

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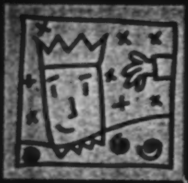

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- Whether you might be enabling your child.
- How to empower your child.

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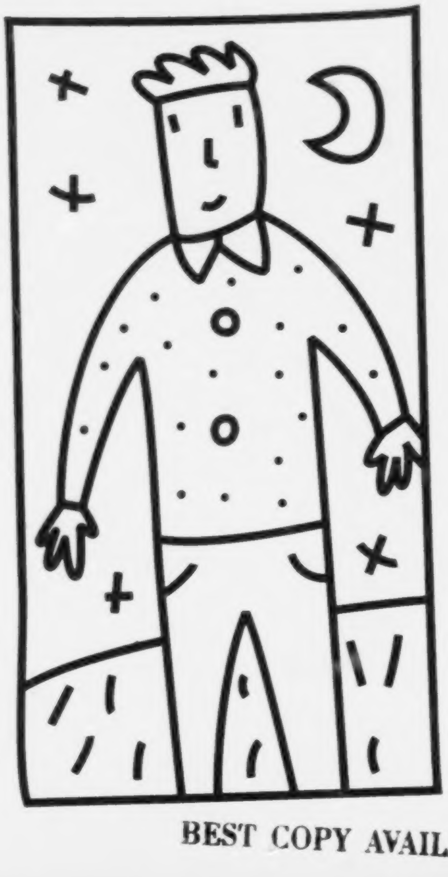

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There's nothing easy about being a parent. We love our kids and want them to be happy, safe, and successful in everything they do. Naturally, we worry—it simply comes with the territory. We worry about whether our kids are doing well in school, what kind of friends they're hanging around with, if they're drinking or using other drugs, and most of all, how to keep them safe from all the violence that exists.

Our protective instinct makes us wish we could keep our kids close at hand twenty-four hours a day, making sure they're doing the right thing and staying out of harm. But we can't. Even though we want desperately to keep our kids safe, we can't protect them when they're out of our sight—at school, with friends, or out on the streets. And even if we could, we know that we have to let our children grow up and gradually leave the nest.

How can we stop worrying and start trusting that our kids will make the right choices?

So where does that leave us? How can we stop worrying and start trusting that our children will make the right choices in an often dangerous world where violence, alcohol and other drug use have become the norm? The answer is this: By EMPOWERING our kids. By helping them learn how to be sensible, safe, and secure.

That's what every parent wants. We want our children to develop into confident, competent individuals who are able to stand on their own, avoid peer pressure, and be accepted and respected wherever they go. We want them to grow up to be responsible family members and upstanding citizens. We want them to learn how to make healthy choices that ensure their well-being at every stage of their lives.

And we can. IF we're willing to start **EMPOWERING** them.

One of the most important ways to empower our kids is by **SETTING LIMITS.** Setting limits is sound, responsible parenting—absolutely essential for keeping our kids safe and secure. If we want our children to act sensibly, we have to set limits that spell out exactly what they can and cannot do, what they can and cannot have, and where they can and cannot go. Setting limits is a form of preventive medicine—a way to protect our kids from trouble by establishing appropriate guidelines ahead of time.

When we set limits, we are being *proactive* instead of *reactive.* Instead of reacting by "putting out fires" when something bad happens or making up the rules as we go, we actively ***take charge*** by letting our children know exactly what is and isn't acceptable.

Why is it so important to set limits rather than simply "go with the flow?" Because limits create a safety net for kids when they set out to explore the world. Without limits, kids are sure to learn the hard way—to experience harmful consequences when they use poor judgment. But the "hard way" can be a recipe for disaster. Sure, getting into a car crash while driving drunk is a frightening wake-up call for a teenager, but why wait for a crisis in order to get your message across? Likewise, an unwanted pregnancy is a painful lesson in the hazards of sexual promiscuity, but at what cost? Just as we don't teach our children that the stove is hot by letting them burn their hand or to not cross the street before looking both ways by letting them get hit by a car, we maximize our kids' emotional and physical safety and security by **SETTING LIMITS** that clearly outline what they can and cannot do. And the earlier we begin to set limits for our kids, the better.

Kids need limits in order to experience the world safely and securely. When we set limits for our children, we, in essence, give them a working map and compass with which to safely navigate their way through life. Setting limits gives kids clear markers for just how far they can and cannot go without falling off course. By clearly pointing out the right route, we lessen the likelihood of their taking destructive detours or losing their way.

In contrast, *not setting limits* allows kids to choose any road that appeals to them—to disregard safety and security, and take unnecessary risks like drinking, using other drugs, or using violence to get what they want or to get even.

Here's how two girls behave in a situation—one with and one without limits: Lisa's parents haven't set limits about when she is to be home at night. They don't want to stifle their fourteen-year-old daughter's freedom and they trust her to be home at a reasonable hour. Besides, they pride themselves on being permissive instead of being overprotective like so many other parents, including Lisa's best friend, Maria's, mom and dad. Maria often complains to Lisa's parents about *her* ten o'clock curfew on school nights and a midnight curfew on weekends. Maria's parents ARE firm about her observing her curfew, although on a few special occasions, they've extended it; for example: on prom night, and as a reward for getting all A's last semester.

One weekend, Lisa and Maria are invited to a party at their friend Kate's house. At around 11:30 p.m., older boys show up and invite the girls to go with them to another party—a kegger. Matt, a senior with a hot sports car, urges Lisa and Maria to come. Lisa, who has a crush on Matt, climbs into his car, figuring she'll get home about the same time the party's over. Besides, if it gets too late, she can always call and say she's sleeping over at a friend's house. Maria is tempted but says no. It's almost eleven-thirty, and her curfew is midnight. Maria *could* call home and make up a convincing story about staying at Lisa's. She reasons, though, that if her parents found out, they'd never trust her and she'd probably get grounded for the rest of her life.

How do each of these teenage girls fare? Lisa, having *no limits* from permissive parents, is more likely to get into trouble by drinking, violating the city's curfew law for minors, or getting herself into a sexually compromising position. Maria, on the other hand, though she may at times resent her parents' rules, is likely to stay out of trouble. The risks to Maria's safety have been reduced by her parents' willingness to set clear, reasonable limits that protect her from making choices she may regret—or that may lead to harmful consequences.

Setting limits isn't necessarily going to make Maria's parents popular, but Maria *will* respect them and so will her friends. Like most kids, Maria may not *always* choose to follow their rules. It's normal for kids to push our limits—to see how far they can go—to argue, negotiate, and rebel. That's to be expected. Kids need limits, in part, so that they can have the freedom to test them, secure in the knowledge that parents *will* stop them if and when they go too far.

Kids need both roots and wings.

Despite our best intentions, most parents, at one time or another, find setting limits difficult and challenging. Our desire to avoid conflict or win approval may make us worry that we're being "too hard" on our kids. Furthermore, *we* may be reluctant to set limits because we think that having kids set their *own* limits will make them more responsible. On the contrary, without limits, our kids flail around, often falling flat on their face. In fact, we develop insecure and, ultimately, disappointed kids when we fail to provide the guidance they need in order to become confident and capable young adults. Learning to respect limits teaches our kids to be independent by not giving them *more* responsibility than they can reasonably handle. Kids need both roots and wings: both a solid foundation for making sound decisions and an appropriate amount of freedom to test their boundaries.

There's a difference between setting limits and being a dictator, just as there's a difference between being firm and being rigid. It's loving and responsible to set limits, but we needn't be heavy-handed in our approach. Our children have the right to know our reasons for setting particular limits (once—not two-thousand times!) and they deserve to express their point of view. Hearing our children out doesn't mean agreeing to a six-hour summit meeting; it simply gives us the chance to explain our reasoning and gives them the message that we're open to their feelings and opinions.

Similarly, we needn't be rigid in order to convince our kids that we mean business. There are times when it's necessary and appropriate to be flexible. If we're consistent about setting limits and sticking to them, then we can afford to make occasional but not arbitrary exceptions to the rule.

Where most parents fall short is in setting limits and sticking to them. For example, let's say the rule on school nights is: No television until homework if finished. That's a limit. So far, so good. But once we've set a limit, we may sabotage ourselves in one or all of these three typical ways:

By equivocating: We say: "Maybe you can watch some TV just this once since your favorite show is on," because we aren't sure of our position. When we're wishy-washy, our kids get the message that we're not sure of what we're doing, in which case, they wonder why they should trust and respect us. Arbitrary and capricious decisions cause them to feel angry and uncertain. Whether or not we feel totally confident (and what parent doesn't have moments of self-doubt?) being clear, firm, and consistent lets our kids know that we're in charge and that we care, which makes *them* feel secure.

By giving in: We say: "Oh, all *right!* Go ahead and watch TV" because we want our children to like us and/or because it's easier to let them have their way than to deal with their anger and disappointment. When we don't stick to our guns, our kids learn to not take us—and other authority figures—seriously. Succumbing to their arguing, nagging, and negotiating, however persuasive, only teaches them that pressure and manipulation are effective techniques for getting what they want.

By being inconsistent: On Tuesday night we remind our kids that they can't watch TV until their homework is finished but on Wednesday night we let them study during *Star Trek* because we have to go to a meeting, or because we're too exhausted to argue, or because we feel guilty about having had tuna-fish sandwiches for dinner two nights in a row, or for other situational factors that lessen our resolve. Constantly changing the rules confuses kids. We can't expect them to understand and accept the limits we set if *we* don't consistently follow through.

Setting limits helps our kids to make sensible decisions about everything they do. Kids who don't accept and respect limits at home are unlikely to accept and respect limits *outside* of the home. Learning to respect limits during childhood is essential training for becoming responsible adults, because the real world has all kinds of limits: passing tests in order to graduate from one grade to the next, getting to work on time, paying taxes, obeying school rules and traffic laws, respecting the rights of others at home, at school, in the workplace, neighborhood and community. The more willing we are to set limits for our kids at home, the more capable they'll be at navigating their way through other challenges that lie ahead.

Setting limits is an acquired skill, which is most effective when parents follow these guidelines:

1. **Limits must be clear.**
2. **Limits must be reasonable.**
3. **Limits must be spelled out in advance.**

These two scenarios demonstrate the importance of following these guidelines:

SCENARIO ONE: Jenny, age fifteen, begs her parents to let her go to a party at Willy's house. Her parents say no, reminding her that the last time Willy had a party they found out his parents weren't home. "But all my friends' parents are letting *them* go!" Jenny argues. "Don't you know we *never* want you going to a party unless the parents are home?" her father asks. "You ***never*** said *never!*" Jenny retorts. "Well, we're saying it *now*," her parents reply.

This entire argument could have been avoided had Jenny's parents *set a clear limit in advance* about not allowing her to go to unsupervised parties, rather than

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reacting and making one up on the spur of the moment. Kids need parents to be very *clear* about limits *before* trouble occurs so there's no room for misunderstandings or debate.

SCENARIO TWO: Ron, a gangly teenager, is two hours late coming home after the game. His worried mother demands an explanation. "I *did* leave for home right after the game, but I stopped for pizza with my friends," says Ron, adding a plaintive, "I didn't want to have to walk home all alone." Mom doesn't buy his excuse but she's hard pressed to call Ron on the carpet because the limit wasn't clear. Mom takes this opportunity to clarify the rule and to strongly reinforce it with this clear statement: "From now on, Ronald, we expect you to be home exactly one hour after the final buzzer goes off." She makes room for any contingencies by adding: "If you think you're going to be late, we expect you to call." She then asks Ron to *repeat* the rule back to her to ensure that he understands clearly. As an added measure, Mom posts the rule on the refrigerator (along with other important rules) so everyone in the family can see them.

SCENARIO THREE: Ten-year-old Michael really wants a dog. His father refuses his request. He voices his concern about Michael's lack of responsibility in caring for his pet turtle and goldfish; so far, Mom and Dad have ended up feeding them half the time. "Having a dog is a big responsibility," explains Michael's father. "When you're older and you've shown that you can be trusted to care for the pets you already have, we'll consider allowing you to take on the added responsibility of a dog."

This is a reasonable limit. It makes perfect sense for Michael to learn that new privileges not only come with age, but also with the ability to demonstrate responsibility and trustworthiness. It's counterproductive to give our children more privileges or responsibilities until they show that they can handle what's already on their plate.

Setting clear, reasonable limits and spelling them out in advance helps our kids follow the rules. But there's a catch: We can't expect our ***kids*** to respect the limits we set unless we are willing to do these two things: **BE A GOOD ROLE MODEL**. And, **BE CONSISTENT IN OUR APPROACH**, as illustrated in the next two scenarios:

SCENARIO FOUR: Mom intercepts seven-year-old Becky just as she's about to walk through the front door without wiping off her mud-covered shoes. She reminds Becky of the family rule: Take off your shoes or wipe them on the mat before you come into the house. Just at that moment Dad walks through the front door and trudges right into the living room, tracking mud and dirt onto the clean living room carpet. What's the message? "Do what I say, not what I do." We can hardly expect our kids to play by the rules if we disregard them. Setting a good example by respecting the limits ourselves shows our kids that we say what we mean and mean what we say. ***We*** also acquire *self-respect* and our ***children's*** trust and respect when we are congruent in our values and actions.

SCENARIO FIVE: It's a school night and Becky and Michael are still watching television. Dad reminds them that it's bedtime and tells them to turn off the TV. Becky has a ready comeback. "But when *you're* not here, Mom let's us stay up late and watch TV, as long as we don't have it loud. This disarms Dad, who backs off, his authority compromised. He doesn't want to be seen as the "bad guy" or challenge his wife's rules, so he gives in. "Okay, then, but keep it turned down."

Parenting as a *team* is the best way to prevent manipulative situations like this. When our children get mixed messages from their parents, whether it's by "changing our mind" or "disagreeing on limits," they quickly learn that they can play one parent against the other. When kids are able to manipulate their parents, they learn disrespect for all authority. This increases the likelihood that they will take more serious risks—using alcohol or other drugs, skipping school, acting in violent ways.

It is especially important for parents to agree on and be consistent in setting ***no-use*** limits (rules) concerning alcohol, other drugs, and violence. When parents tolerate these or other unacceptable behaviors, our kids interpret our *tolerance* as permission. Permission soon becomes *entitlement.* Research shows that when parents set limits for their kids and hold them accountable for their actions, kids learn to respect their parents and other authorities, to resist unhealthy peer pressure, and are more capable of exercising self-control.

Remember: our goal is to help our children to be sensible, safe, and secure. Kids don't have to earn our *love.* But they do have to earn our *trust.* We give our children a precious gift by setting limits and sticking to them. It's one way we show our kids that we care enough to say no, even when they want us to say yes. Our children may not appreciate our setting limits now, but they will be grateful to us in the years to come.

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The
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How to Enforce Consequences When Kids Violate Limits

For Parents, Teachers, and Other Caregivers

Editor's Note: **We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.**

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That's what every parent wants. We want our children to develop into confident, competent individuals who are able to stand on their own, avoid peer pressure, and be accepted and respected wherever they go. We want them to grow up to be responsible family members and upstanding citizens. We want them to learn how to make healthy choices that ensure their well-being at every stage of their lives.

And we can. IF we're *willing* to start **EMPOWERING** them.

One of the most effective ways to empower kids is by enforcing consequences when they violate the limits we set. When we consistently follow through on enforcing consequences, we teach our kids to be accountable for their actions. They get a clear message that there's a direct connection between the choices they make and the consequences they experience. Consequences help kids understand the relation between making responsible choices and enjoying positive rewards, as well as between making ***irresponsible*** choices and facing negative repercussions.

Just as setting limits helps to define our expectations of appropriate behavior for our kids, enforcing consequences clearly demonstrates the value we (and others) place on appropriate behavior. The two go hand in hand. Setting limits without enforcing consequences is like trying to fish without bait—there's no result.

What's more, setting limits without enforcing consequences diminishes our children's trust and certainly diminishes their motivation to change inappropriate or unacceptable behavior. Following through on consequences gives our kids an added incentive to do the right thing, whereas failure to enforce consequences gives our children this dangerous double message: That we (and others) expect them to act in appropriate ways but that nothing unpleasant will happen if they don't.

Although on the surface, it may seem as if the last thing our children want is for us to enforce consequences, in fact, just the opposite is true. Not only do our children ***want*** and ***need*** parents to say what we mean, they count on us to mean what we say. Why? Because enforcing consequences makes children feel safe and secure. When kids know ***exactly*** what to expect if and when they fail to respect the rules or limits we set, they don't have to worry or wonder about the "What ifs" such as, "What if I don't finish my homework," or "What if I come home after curfew," or "What if I skip school just this once?" Spelling out specific consequences for violations of limits diminishes the likelihood that our kids will engage in other risky behavior such as drinking, using other drugs or acting in violent ways. They know we're in charge, they know how far they can go, and they know what will happen if they push the limits.

And they will! That's what kids do as part of growing up. One of the ways children learn right from wrong is by experimenting with limits, however reasonable, by pushing them, stretching them, even breaking them, just to see how far they can go before responsible adults stop them. These responsible adults, first and foremost, need to be the parents—parents who are caring and committed to helping their kids learn to make sensible, safe choices.

Kids whose parents enforce consequences are better prepared to deal with the real world. Day to day, each of us is constantly faced with consequences for unacceptable or inappropriate behavior. If we run a red light, we run the risk of getting a traffic ticket. If we're constantly late to work, we may lose our job. If we drink and drive, we may get into a serious accident. Understanding how choices create consequences is essential training for succeeding in school, at work, and in all aspects of life. Receiving consequences teaches kids to be responsible for their choices. The sooner they learn to do so at home, the better off they'll be when they're on their own.

Enforcing consequences is one of the most difficult skills for parents to master. There are five primary reasons why most parents, at one time or another, find it hard to enforce consequences when their kids violate limits.

We want them to be happy.

Parent don't enjoy disciplining their child, whether it's putting a toddler in time-out, grounding a teenager, or taking away phone privileges or car keys. Enforcing consequences *is* a difficult skill to master. It requires the courage of our convictions and devotion to our children's well-being. We just have to remember that our children's long-term safety and security takes precedence over their temporary happiness.

We want them to like and not resent us.

Everyone wants their children to like them. And children do not like consequences. All kids (and unfortunately, many adults) resent interference with their freedom to exercise their own will. This is human nature. But to be a successful and productive member of society, whether at home, school, or in the workplace and to have satisfying relationships, we all have to learn that insisting on having our own way and ignoring the rights of others makes for an unhappy life. So what's more important, your children's approval or their long-term safety and security? Our children may temporarily resent the consequences we enforce, but without them they won't succeed as adults. It may take years, but ultimately kids appreciate their parents' love and concern. That is, after all, why parents *do* enforce consequences.

We worry that we're being overly strict.

Today's parents often confuse *discipline* with *strictness.* Here's the distinction: Discipline, or holding kids accountable for their actions, is both loving and responsible. It teaches kids to be responsible for their ***own*** self-respect. Strictness is being rigid and overbearing and often backfires—teaching kids to act responsibly only when an adult is present and to rebel and be irresponsible when an adult is not around. Permissiveness may increase our popularity with our children (and their friends), but it won't give them the tools to make sensible choices. And it certainly doesn't earn their respect.

We don't have the energy or desire to follow through.

Stress, exhaustion, and overwhelming demands weaken our resolve. Sometimes, letting kids off the hook seems like the path of least resistance, especially when enforcing consequences creates screaming arguments or interferes with our own plans. But in the end, by consistently enforcing consequences for violations of limits, everyone wins. Short-term, it may be easier to capitulate than carry through on consequences. But over the long haul, our kids will stop respecting anything ***we*** or other authorities tell them—a sure path to more stress.

We lack the confidence to assert our authority.

We may be afraid to enforce consequences because we're unsure of exactly where we stand. It's easy to feel overwhelmed—even paralyzed!—by all the contradictory parenting information floating around. We may feel understandably confused about what constitutes appropriate consequences, so we err on the side of permissiveness rather than risk making a mistake. But it's absolutely essential to enforce consequences if our kids are going to succeed at life. What parent doesn't want that for his or her child? Trust yourself!

Being human, parents sometimes do make errors in judgment when it comes to what, how, and when we enforce consequences with our kids. Although we mean well, we may go about enforcing consequences in the wrong way because of how we interpret the behavior. It's easy to get angry and take it personally when our children ignore or violate the limits we set. When we feel angry, frustrated, or helpless, we're apt to make some of the following mistakes in enforcing consequences:

BRIBERY: We entice our children to accept and respect limits by offering them a reward. This teaches kids to expect payment for acting appropriately instead of doing the right thing because it's the right thing to do.

THREATS: We use intimidation to get our message across. It's the old "Do this, or else..." routine, which may temporarily intimidate or force our kids to toe the line, but damages their self-respect and their respect for us.

INCONSISTENCY: We go back and forth, vacillating between enforcing consequences and letting them slide. Inconsistency can be as damaging as not enforcing consequences at all. When we're wishy-washy, our kids stop taking us seriously and generally lose respect for all other authorities as well.

ABUSE: Shaming, ridiculing, or calling children names for failing to respect limits doesn't empower them or help them change their behavior. Being abusive gives our kids the message that, instead of making a mistake, *they* are a mistake. Children, like all human beings, have the right to be treated with dignity and respect. Punishing kids by humiliating them is *never* acceptable and greatly increases the likelihood that they will rebel and use alcohol and other drugs or violence to deal with their feelings or to get even. So if bribery, threats, inconsistency, and abuse are wrong ways to enforce consequences, what is the *right* way?

Just as for "setting limits," there are some helpful guidelines for enforcing consequences:

1. **Consequences should be spelled out in advance whenever possible.**
2. **Consequences should be reasonable and related to the violation.**
3. **Consequences should increase in force with repeated violations.**
4. **Consequences should be enforced calmly, respectfully, and without anger.**

Following are some scenarios that contrast the *wrong way* to enforce consequences with the *right* way, using the guidelines mentioned above.

SCENARIO ONE: Jenny's boombox is cranked up to the max. Her parents can't stand the blaring music, which they've *repeatedly* asked her to keep to a reasonable decibel level. They're trying to read and they can't hear themselves think above the din. Her father screams from the living room, "Turn down that noise!" but naturally Jenny can't hear him. So how can Jenny's parents get her to keep the volume down?

The wrong way: Sick and tired of the noise, Jenny's father barges into her bedroom and delivers a blustery ultimatum: "If you don't turn that boombox down, I'm going to take it away from you!" Jenny isn't intimidated by her father's rash threat because she is far from convinced that he'll follow through. Actually, when kids don't know whether their parents will follow through on what they say, they feel confused and insecure about what they can expect. This creates the perception that adults—(and the world)—are unpredictable and can't be trusted, which can lead them to try all kinds of risky behavior. "After all, what difference does it make?"

The effective way: Jenny's father comes into her bedroom to remind his daughter of the consequences they had agreed on for playing loud music without regard for the rest of the family. First, he calmly repeats the limit, reminding Jenny that the consequences have been spelled out: "If we have to *tell* you to turn down the music, you'll have to turn off the boombox for the rest of the day." He reinforces the reason for this limit by explaining that he and Jenny's mother are trying to read and can't because of the noise. Jenny receives a reasonable consequence that is related to the violation—she has to turn off the boombox for a day. She is more likely to respect that limit from now on.

SCENARIO TWO: Ten-year-old Michael bombs around the house on his skateboard, despite his parents repeated warnings to only use it outside, where it belongs. Michael knows the rule, but he continues to violate it. What should his frustrated parents do?

The wrong way: Nearing her wit's end, Michael's mother screeches at him, threatening, "Stop that, Michael! I told you not to bug me with that skateboard, now you're really going to get it!" She takes the behavior personally and threatens him. But angry threats don't motivate Michael to respect the rules. He's smart enough to have realized that, for all her screaming, his mother has yet to take the skateboard away from him, so he figures, why bother to change his behavior?

The effective way: Michael's mother calmly reminds him that the last time he broke the rule, he wasn't allowed to use his skateboard for two days. Because he violated the limit again, he will lose the skateboard for a ***whole week.*** Michael now realizes that his mother means business—and, that with ***each*** violation, the consequences will increase in force. Learning this lesson prepares Michael for taking responsibility for his choices, both at home and outside the home. Plus, the consequence is a natural and reasonable result of having violated the limit by skateboarding in the house. Next time, Michael will think twice before abusing—and losing—his privileges.

SCENARIO THREE: Mom has had it with six-year-old Becky chasing Frisky, the dog, inside the house.

Becky has been told that this isn't acceptable behavior. But Mom only yells about it; she doesn't *do* anything until she hears her treasured antique lamp crash to the floor. Mom is now fuming! She's tired of wasting her breath, and is starting to wonder if anyone listens to anything she says. What will it take to get Becky to mind?

The wrong way: Mom resorts to shaming. She berates Becky, calling her a "stupid little brat," which makes Becky feel badly about *herself* instead of learning that her *behavior* is not acceptable. Once Mom dumps her anger on Becky, she feels guilty because Becky is so young. So Mom tries a different, but equally ineffective strategy. She bribes Becky by promising to buy her a Barbie doll if she stops chasing the dog around the house. Now, Becky has been given two very wrong messages: "Expect rewards for responsible behavior," and, "if you *make* a mistake, then *you're* a mistake." Neither message will help Becky to understand why her behavior is unacceptable nor help her to change.

The effective way: Mom calmly and lovingly reprimands Becky, explaining the consequence for violating the rule against chasing the dog around the house. Mom acknowledges that even though it was the dog, Frisky, who broke the lamp, she holds *Becky* responsible. Mom makes sure to tell Becky that she considers her to be a wonderful little girl before explaining the consequences: Becky is expected to clean up the mess. And if the lamp is broken, she may also be expected to perform an extra chore to help pay for fixing it. This reasonable and respectful approach allows Becky to make restitution without feeling like a bad person.

SCENARIO FOUR: Dad catches his teenage son, Ron, stealing into the house two hours after curfew. Ron knows the rule. His parents have made it perfectly clear that he's expected to come home directly after soccer practice. Ron has a ready excuse. He did leave right when practice ended but stopped with his friends for pizza on the way home. Sensing he's on thin ice, Ron plays on his parents' emotions, plaintively whining, "I didn't want to walk home all alone." What's a parent to do?

The wrong way: Ron's dad blows a fuse. He's tried reasoning, negotiating, using threats, and even trying to be understanding toward Ron. But he's had enough of Ron's excuses, and, he's sick of worrying—and seeing Ron's mom worrying—when he doesn't come home on time. Dad believes that more severe measures are clearly in order; in this case, he grounds Ron for a whole month. Dad drives his point home by telling Ron he'll be expected to spend every waking hour studying, even on the weekends, and that both parents will be home with him to be sure he does just that. It's a dramatic move—but Dad and Mom have really ended up punishing themselves by having to stay home all weekend, too. Going overboard like Dad did can backfire—because kids will watch to see if their parents really ***mean*** what they say. If they don't stay home all weekend monitoring Ron, he'll learn that his parents are more bark than bite and start blowing off what they say.

The effective way: Without anger, Ron's father reminds him that he knew what the consequences would be if he violated his curfew. Instead of yelling at Ron, he calmly confronts him about coming home late again without calling. He explains that the consequences will be appropriate to the violation: Ron will remain home on both Friday *and* Saturday nights this weekend, despite the fact that he'll miss a party at his friend Deb's house. Dad respectfully tells Ron that he understands his deep disappointment but also reminds him that *he* made the choice to be late again, and hopefully *this* consequence will help him remember next time to respect the rule. Having lost a big privilege, Ron is more likely to take his parents' limits seriously, knowing that failure to do so will lead to unpleasant results.

Enforcing consequences requires parents to make a serious commitment to holding children accountable even when doing so is difficult, inconvenient, or downright painful. We want our kids to be happy, but their real happiness depends on them knowing how to deal successfully with the real world. Research shows that kids who receive reasonable consequences when they violate limits are far less likely to get into trouble because of violent behaviors or because of using alcohol or other drugs. When children know their parents care enough to enforce consequences, they feel secure and are motivated to make safe, sensible choices. We can raise our kids to be confident, successful individuals if **WE SAY WHAT WE MEAN AND MEAN WHAT WE SAY**. There's no better way to win their respect.

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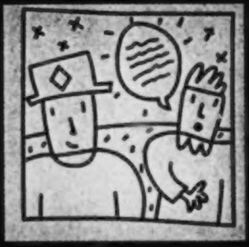

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The Parenting for Prevention Information Series

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How to confront kids when they're doing wrong.

How to encourage kids when they're doing right.

For Parents, Teachers, and Other Caregivers

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Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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There's nothing easy about being a parent. We love our kids and want them to be happy, safe, and successful in everything they do. Naturally, we worry—it simply comes with the territory. We worry about whether our kids are doing well in school, what kind of friends they're hanging around with, if they're drinking or using other drugs, and most of all, how to keep them safe from all the violence that exists.

Our protective instinct makes us wish we could keep our kids close at hand twenty-four hours a day, making sure they're doing the right thing and staying out of harm. But we can't. Even though we want desperately to keep our kids safe, we can't protect them when they're out of our sight—at school, with friends, or out on the streets. And even if we could, we know that we have to let our children grow up and gradually leave the nest.

How can we stop worrying and start trusting that our kids will make the right choices?

So where does that leave us? How can we stop worrying and start trusting that our kids will make the right choices in an often dangerous world where violence, alcohol, and other drug use have become the norm? The answer is this: By **EMPOWERING** our kids. By helping them learn how to be sensible, safe, and secure.

That's what every parent wants. We want our children to develop into confident, competent individuals who are able to stand on their own, avoid peer pressure, and be accepted and respected wherever they go. We want them to grow up to be responsible family members and upstanding citizens. We want them to learn how to make healthy choices that ensure their well-being at every stage of their lives. And we can. IF we're *willing* to start **EMPOWERING** them.

The most important way we empower our kids is by communicating effectively with them. Why? Because kids who can communicate with their parents feel understood and loved. When we know how to really *talk* and *listen* to our kids, ***they*** learn how to talk and listen to ***others***. And they feel that their ideas and feelings count—a real boost to their self-esteem. That's empowering. Communicating effectively with our kids produces other important results, too. For instance, kids whose parents really talk and listen to them make friends more easily, do better in school, are more likely to be involved in healthy extracurricular activities, and are less likely to get into trouble.

Effective communication affirms our kids' feelings and helps them express themselves...

Effective communication affirms our kids' feelings and helps them express themselves more easily and appropriately. In contrast, kids who don't learn from their parents how to communicate well feel frustrated, angry, isolated, lonely, and often rejected. When parents fail to really listen and talk to them, kids may feel ignored or discounted, making them far more vulnerable to negative peer pressure and other unhealthy influences.

Most kids, at one time or another tell their parents, "You just don't understand me!"—but this *can* be a red flag that communication has broken down or even deteriorated to the point where kids don't feel safe sharing their feelings with their parents.

If you ask any parent, "Do you want to know what's really going on with your child?" the universal answer will be "Yes!" Almost without exception, parents *are* concerned and *want* to communicate well with their kids. And most of us *think* we're doing just that. After all, we talk to our kids all the time—reminding them, "Jay, don't you have a history test tomorrow? You'd better start studying now." "Lisa, how are you getting home from practice if I can't pick you up?" "Evan, I told you to get off the phone—Now!!!"

Likewise, we think we're truly listening when we're on the receiving end of our kids' endless barrage of information—hearing how they did on the science test, or why they need to have a certain pair of high-tops, or how awful their hair looks, or how they'd rather have pizza than pot roast for dinner.

There's no doubt about it. We are in constant *contact* with our kids. But are we really *communicating?* Today, most of us are so busy we don't have *time* to communicate with our kids, much less talk to our spouse or our friends. The overwhelming demands of juggling family and work makes catching our kids on the run seem normal. Sometimes we can go for days without having a meaningful conversation with our kids. We may leave notes for them instead of talking to them face to face. We may cut them off in the middle of a sentence, listen with half an ear, or give them quick answers because we're running too fast to give them the attention they need and deserve.

We can't totally restructure our lives to spend twenty-four hours a day communicating with our kids. But we ***can*** think about *how we communicate* when we DO spend time with our kids.

If you're like most parents, you may not ***know*** whether you are communicating well with your kids. Here are ten questions that can help you decide whether you may need or want to improve. This is not a test, but a way to check yourself out. Just answer yes or no.

Do you ever listen to your child while you're focused on doing something else, for example, cooking, folding laundry, or watching television?

Do you ever nod your head or mutter "uh huh," without really hearing what your child has said?

Do you ever "pass the buck" and send your child to talk to your spouse instead of making yourself available?

Do you ever tell your child to not bother you because you're too busy to listen?

5 Do you ever put your child off because you're unwilling or too distracted to listen?

6 Do you ever avoid talking to your child about his or her behavior because you feel threatened or uncomfortable?

7 Do you ever tell your child you'll talk to him or her later and then forget to follow through?

8 Do you ever dismiss or make fun of your child's feelings or concerns?

9 Do you ever change the subject when your child is talking about something serious because it makes you uncomfortable or because you feel threatened or inadequate?

10 Do you ever pressure your child to hurry up and get to the point because you're in a hurry or feel annoyed?

If you're like most parents, you probably answered "yes" to some of these questions and are feeling guilty. Don't! Instead, give yourself credit for being honest and willing to learn how to communicate better. If you weren't willing, you wouldn't be reading this booklet.

Most parents are subject to some of these behaviors some of the time, not because we don't care, but because we just haven't realized how important it is to really listen and talk to our kids. Now we ***know*** that effective communication is a must, because when kids don't feel safe sharing their feelings with their parents, those feelings can build up inside. Then, kids may drink or use other drugs to numb those feelings or to let the feelings out, sometimes in violent ways. For example, a frustrated or unhappy teenager who "can't talk to his parents" may discover that alcohol makes him feel less anxious and depressed. An angry teenager estranged from her "preachy parents" may rebel by skipping school, joining a gang, or breaking the law.

Naturally, we don't want our kids to turn to any of these destructive or high-risk behaviors. So we're willing to learn how to communicate effectively by *listening actively* and by *talking respectfully.* But first, let's look at some common but very ineffective communication styles parents sometimes fall into, which can actually cause kids to shut down their feelings or to blow up.

THE DRILL SERGEANT

SCENARIO: Michael frantically tells his father that he can't find the dog and he's afraid Frisky has run away. Dad immediately assumes the posture of a drill sergeant, berating and barking orders at his son. He calls Michael on the carpet, issuing commands with bullet-like precision: "What do you mean the dog ran away? What did I tell you about letting Frisky off the leash? See what happens when you don't listen? What are you gonna do about it?" As tears well up in Michael's eyes, his dad reprimands him, saying: "And don't be a crybaby. Get out there and look for him and don't come back until you've found him."

THE EFFECT ON KIDS: The Drill Sergeant's style of communication fosters fear and submission in kids rather than respect and cooperation. When we talk like the Drill Sergeant, we communicate that we don't care about our child's feelings; we just want him or her to do what we say. We may use threats, put-downs, or sarcasm to get our child to follow orders. In doing so, we give our kid this message: If you make a mistake or don't do what you're told, you'll be criticized and ridiculed. Our kids quickly learn that it isn't safe to come to us when they fail. This can force them to lie or to seek out unhealthy ways to deal with their fear, hurt, and anger: using alcohol, other drugs, or acting out in violent ways.

THE PROSECUTING ATTORNEY

SCENARIO: Jenny tells her mother that she's furious at her friend Sheila, who got the part Jenny wanted in the school play. "It's not fair!" Jenny wails. Sheila didn't even know about the play until Jenny told her about try-outs. Instead of comforting her, Jenny's mother turns into the Prosecuting Attorney, cross-examining her daughter to get to the bottom of the problem. Fast and furiously, she throws questions at Jenny: "Why didn't YOU get the part?" "I thought you said your drama teacher liked you." "Did you do something to upset her?" "What did Sheila do that you didn't do?" "Did you practice hard enough?" "Did you know your lines?" As Mom builds her case, Jenny becomes increasingly confused and unnerved, especially in the face of the closing argument: "If you had wanted it bad enough, you could have gotten the part, isn't that right?"

THE EFFECT ON KIDS: When we think our kids aren't performing up to our expectations or doing their best, we may communicate like the Prosecuting Attorney, interrogating them as though they were defendants in a courtroom. Our fear or disappointment makes us determined to get answers, without considering our children's feelings. When we come across like the Prosecuting Attorney we send this message: When you screw up, it makes me look bad. If we tend to see our children as extensions of ourselves, then we will feel disappointed when they appear to reflect poorly on us as parents. Of course, our kids are ***not*** extensions of ourselves—instead, they are separate individuals who need our care and respect. We also alienate them when we care more about our image—and our feelings—than about theirs. Interrogating our kids instead of helping them question ***themselves*** as to how they might improve their performance (What do you think you could do to improve?) discourages them and makes them want to give up. It also promotes the possibility they will seek comfort by using alcohol or other drugs or by joining forces with the wrong group of peers.

THE EGOMANIAC

SCENARIO: Bursting with excitement, Michael tells his father the great news: "My coach picked me to pitch in the play-off game!" "That's great, Michael," replies Dad. Then, instead of focusing on Michael's achievement and telling him how proud he is of him, Dad launches into an extensive monologue of his own athletic track-record, saying: "Have I ever told you that I was the captain of my football team?" "I took the team to the state championship. I was voted MVP. I was interviewed on the evening news. I was offered scholarships to several ivy league schools..." Deflated and downcast, Michael walks away.

THE EFFECT ON KIDS: It's easy to see how our kids' triumphs can tap wonderful memories of when we won the spelling bee or made the A honor roll. Although we may genuinely believe we're relating to our kids by sharing similar experiences, we are in fact stealing their thunder and losing a great opportunity to boost their self-esteem. When we talk like Egomaniacs and shift the attention from our kids' achievements to our own, we are really telling them that their accomplishments aren't worthwhile. This takes the wind right out of their sails. Our kids want to tell us when they do well because they want us to be proud. But when we stop listening to ***them*** and start talking about ***ourselves,*** we give them this message: What you've achieved is okay, but you will never measure up to ***me.*** If our kids feel their best isn't enough, they're more likely to stop trying to achieve anything worthwhile because they don't feel it matters. A lack of self-esteem makes them more vulnerable to high-risk behavior.

THE COMEDIAN

SCENARIO: From behind his newspaper, Dad notices his teenage son, Ron, looking as if he's lost his best friend. "What's the long face all about?" asks Dad. Reluctantly Ron answers, "There's this girl I kinda like, but Vinnie said that when she heard I liked her, she called me a fat geek." "It's probably those baggy pants you wear all the time," jokes Dad, cracking himself up by adding, "Look at the bright side, at least she didn't call you a carrot top." Dad's on a roll, spewing one witty line after another: "There's lots of fish in the sea." "Girls are a dime a dozen." He pauses before the punchline: "How much do you want to spend?" Ron feels devastated and his father is playing for laughs. What Ron needs is a father to confide in, and what he gets is a comedy routine.

THE EFFECT ON KIDS: Ron's father doesn't mean to ridicule or discount the seriousness of his son's feelings. Like many parents, he uses humor as a way to cope with his own discomfort or awkwardness. As parents, we may resort to joking around when we don't want to look at our children's problems or deal with their painful feelings, or because we may sincerely believe that we're helping our kids feel better by putting their problems in perspective. But when we joke about, or worse, are sarcastic about our kids' troubles, we teach them to cover up their feelings with humor. Despite our concern, we communicate that we don't really care. Responding like a Comedian can be especially ***harmful*** because it seems so ***harmless.*** And when we say to our kids, "C'mon, I was just kidding" or "Can't you take a joke?," we add insult to injury by giving them the message that we don't take their feelings seriously—and neither should they. Kids who learn to cover up or dismiss their feelings with humor are prone to take a cavalier, "Who cares?" attitude toward the feelings of others and to all of life. They, too, are prone to high-risk behavior, especially alcohol and other drug use.

THE PSYCHIATRIST

THE SCENARIO: Fourteen-year-old Jenny struts into the living room in her unconventional outfit, complete with nose-ring and neon spiked hair. She is determined to show her mom that she is going to dress to suit her own tastes. Instead of not reacting, Jenny's mother rolls her eyes and begins to respond like the Psychiatrist. "Clearly this outrageous outfit is not a fashion statement, but obviously your need to communicate something," analyzes Mom. Trying to reveal the real underlying reasons for Jenny's behavior, she goes on with her diagnosis: "I think that you're jealous of your brother because you believe he gets all the attention." Certain she's on to something, Mom continues with, "I notice that when your brother gets a good grade or wins an award, *you* try to get some attention by wearing an outlandish get-up, or dyeing your hair, or both." When Jenny tries to get a word in edgewise, pleading, "But Mom....," she's quickly silenced with Mom's final assessment, "You don't have to say anything. *I* understand ***perfectly*** what's going on with you." Jenny's mom is smug and self-satisfied, certain she has successfully revealed her daughter's innermost feelings and motives. But whether or not Mom is *right* doesn't matter, because Jenny stopped listening early in the "counseling session." Jenny was trying to assert herself with someone "safe"—her mother—a common way that teenagers try to check out their new sense of self. Jenny was looking for personal affirmation but got professional analysis—which causes her to feel more vulnerable and exposed.

THE EFFECT ON KIDS: Sometimes we may use the Psychiatrist's communication style to give our kids insight into their behavior or motives. We hope it will help them to understand themselves better. We may even be extremely perceptive about what's going on with our kids, and we want to give them the benefit of our experience. But even when we are right (and often parents ***do*** know their kids better than their kids know themselves), we do our kids a disservice by communicating insight like a psychiatrist. Analyzing and diagnosing our kids exposes their vulnerability and prevents them from figuring out things for themselves—a skill they desperately need to establish their own identity. Talking like the Psychiatrist to our kids makes them feel like patients being poked and probed instead of being loved and understood, which is what they truly need from parents. Kids (especially teenagers) don't want to feel as if their parents have a direct pipeline to their psyches, much less know everything about them. Kids who feel emotionally invaded may stop seeking their parents' counsel or the counsel of other trusted adults. Instead, they may start coping with difficult feelings by turning to like-minded peers who encourage and applaud unconventional and often risky behavior.

THE WORRIER

SCENARIO: "Mom, please, I'm serious," ten-year-old Michael says, imploring his mother to stop dusting furniture and listen to why he can't possibly show his face at school tomorrow. "When I gave my report in front of the class today, I freaked out. I looked stupid and everyone laughed! No way can I go to school tomorrow!" he pleads, certain his mom will understand how humiliated he feels. But instead of responding to Michael's feelings of embarrassment, Mom tries to sweep them under the carpet. "I'm sure you did fine, dear," she placates, adding, "Just don't think about it," as if Michael could possibly think about anything else. When Michael persists in trying to get his mother to understand his need and fear, she changes the subject, asking what time baseball practice is. She glosses over Michael's painful feelings by trying to distract him with, "Guess what? We're having pizza for dinner," as if that will make everything okay. But Michael doesn't want or need his mother to reassure him, cheer him up, or make his feelings go away. He simply needs her to ***listen*** and ***understand*** what he is going through.

THE EFFECT ON KIDS: As parents, we may try to avoid dealing with our kids' painful experiences and difficult feelings because we feel uncomfortable or threatened by them. It hurts to see our kids in pain. We want to help them, but we don't always know how. When we feel helpless or in over our heads, we may gloss over or even discount our kids' feelings in order to make them—and ourselves—feel better. Or we may cut off unpleasant discussions to avoid a conflict or argument. Avoiding instead of interacting with our kids conveys this harmful message: "If you avoid dealing with your feelings or problems, they'll go away." But they don't! The more we avoid dealing with our kids' real feelings, the less they feel like turning to us for comfort and support. And kids whose parents use avoiding as a way to handle painful feelings are in danger of turning to alcohol or other drugs to get rid of such feelings. They do not learn to handle feelings in a healthy way.

When we communicate with our kids like the a Drill Sergeant, Prosecuting Attorney, Comedian, Psychiatrist, or Avoider, we send them the message that what they think and feel doesn't matter. Isn't important. Doesn't count. This is the last thing any parent wants their child to believe. As parents, our goal is to keep the lines of communication open—to keep our kids talking to us so that we know what's happening in their lives, and especially, if they need our help. We've seen how some of our well-intentioned but *ineffective* styles of communication not only *don't work*, but can actually *harm* our kids. So what is the ***effective*** way, the *helpful* way to listen and talk so that our kids will feel loved and understood?

The two key ingredients for sending the right messages are **ACTIVE LISTENING** and **RESPECTFUL TALKING.** Active Listening involves three things:

1. **Asking nonthreatening questions.**
2. **Paying attention to facial expression and body language**
3. **Acknowledging feelings.**

Asking questions is the best way to get our kids to talk and let them know that we understand and care about their feelings. When we take the time to get more information, our kids see that we are taking them seriously and genuinely interested in hearing them out. To illustrate the importance of asking questions, return for a moment to the scenario in which Ron tells his father about being called a "fat geek" by the girl he has a crush on. If you recall, in the prior example, Dad immediately fell into the role of Comedian, which made his son feel like his father was making a mockery of him. This time Dad actively listens by asking a number of questions:

> Dad: "What's wrong?"
>
> Ron: "Nothing."
>
> Dad: "You look upset."
>
> Ron: "Vinnie said that when this girl that I like found out, she called me a 'fat geek.'"
>
> Dad: "Did you ask Vinnie if he thought she was serious, or just joking around?"
>
> Ron: "I don't care what she meant. She's a jerk anyway."
>
> Dad: "You look like you might feel sort of hurt, too."
>
> Ron: "I don't know."
>
> Dad: "That must have really upset you, you look pretty bummed out about it."
>
> Ron: "Yeah. It's just that I kinda liked her and I thought she kinda liked me. That's all."

Along with asking questions and acknowledging Ron's feelings, Dad gets more information by noticing his son's facial expression and body language. Sometimes kids communicate more by what they *don't say* than what they *do say.* For example, when Ron feels hurt, his shoulder's slump and he hangs his head, which is a clue to his father to be extra sensitive in his approach. Dad keeps the door open by telling Ron, "Well, if you want to talk more about it, I'll be happy to listen." This lets Ron know that his father is open to hearing about his feelings and is available if and when his son needs him.

Active listening helps us hear not only what our kids *are* saying, but what they're *not* saying. The trick is to be emotionally available without trying to make our kids feel better or fix their problems. Although it's tempting to jump in with a Band-Aid, it's more helpful to simply acknowledge our kids' feelings so that they can work through them. When we're willing to be a sounding board, our kids learn to trust us with their feelings without worrying about us jumping in, having all the answers, or telling them what to do.

There are, however, some situations in which parents may need to be a bit more *proactive* in helping kids figure out their feelings. When kids are confused or experiencing mixed emotions, it can be useful and appropriate to help them clarify the situation or bring their real or underlying feelings to the surface. Remember Jenny's mom, who turned into the Prosecuting Attorney instead of helping her daughter sort through her feelings about her friend Sheila, getting the part Jenny wanted in the play? If Mom shifts from being the interrogator to carefully drawing out

Jenny's conflicting feelings, she'll be far more helpful, as the following dialogue illustrates:

> Jenny: "I'm so mad at Sheila."
>
> Mom: "Are you angry with her or are you angry with yourself?"
>
> Jenny: "Both. I'm mad at myself for telling her about the part. And I'm mad at her because she knew how badly I wanted it."
>
> Mom: "It sounds as if you're disappointed, too."
>
> Jenny: "Yeah."

Our kids *can* work through their *own* feelings. We don't have to do it *for* them. Active Listening gives them the extra support they need to sort our their ***true*** feelings, especially ambivalent ones. It also helps them to think sensibly so they can solve their problems safely. Learning to actively listen is half the battle. The other half is learning to *TALK RESPECTFULLY* to our kids: How to *confront* them when they're doing *wrong* and how to *encourage* them when they're doing *right.*

Here are four steps for confronting kids when they're doing wrong, which will empower them to learn from their mistakes and improve their behavior:

1. **Describe the behavior.** Make it clear that it's their ***behavior*** and not ***them*** you disapprove of. Never judge or condemn.
2. **Express your feelings.** Let your child know if you are disappointed in their behavior, but be sure to also express your confidence in their ability to improve.
3. **Clarify your expectations.** Say what you expect them to do and what consequences will happen if they choose not to do what's expected.
4. **Offer to help.** And be sure to explain how your child's contribution helps the family.

Here's a brief example of how to put these four steps into practice. Dad walks into the kitchen and notices that Michael hasn't taken care of his chore—emptying the dishwasher. Dad proceeds to correct Michael. First, he ***describes the behavior*** by noting that Michael hasn't fulfilled his responsibility to empty the dishwasher. Step Two, he ***expresses his feelings*** of disappointment and reminds Michael that it really helps when he does his part. Step Three, he ***clarifies*** that Michael is ***expected to put the dishes away*** before watching television, and ***that if he doesn't, he'll lose a privilege.*** Finally, Step Four, in a spirit of helpfulness, he offers to show Michael a quick way to empty the dishwasher, which shows Michael that his dad is on his side.

Confronting kids when they're doing wrong empowers them to meet expectations and behave appropriately. But it's equally important to know how to ***encourage*** our kids when they do the ***right*** thing—when they live up to the family's expectations and fulfill their potential. Sometimes parents take kids for granted; we jump on them when they screw up but forget to compliment them when they do well. Positive reinforcement is extremely empowering, whether expressed verbally with an enthusiastic, "Good for you!" or through a warm hug or a pat on the back.

Here are two steps that encourage kids when they're doing right and that help them develop self-esteem:

1. **Describe the behavior.**
2. **Express your honest reaction.**

Here are examples of how to use these steps to encourage kids: We might say, "Ron, you should be so proud of the hard work you've put into that history paper. I'm very impressed." Or, "Jenny, it was very thoughtful of you to help your grandmother out of the car. Thanks."

And let's not forget the most effective communication of all—openly, honestly expressing our love for our kids. Telling our kids we love them—when they do well, and also when they need improvement, assures them that we're always there for them and that we really care. Remember: The goal is to keep the lines of communication open! Kids who know how to communicate effectively will have the building blocks to connect with others and develop healthy relationships in life. Kids who *can't* are more likely to use alcohol or other drugs, and to use violence as a way to get what they need and want.

Best of all, learning to really listen and talk with our kids makes ***us*** feel more confident as parents. Effective communication takes practice, but the rewards are many. We feel good when we know that we're doing our best to help our kids be sensible, safe, and secure.

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The
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How to Teach Kids to Handle Anger Without Violence

For Parents, Teachers, and Other Caregivers

Editor's Note: We use the term "alcohol and other drugs" in this booklet to emphasize that alcohol is a drug—just like tranquilizers, cocaine, marijuana, heroin, or any other mind-altering substance. We also sometimes use the term "chemical dependence" because it covers addiction to all these mind-altering drugs and because it's short and simple.

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There's nothing easy about being a parent. We love our kids and want them to be happy, safe, and successful in everything they do. Naturally, we worry—it simply comes with the territory. We worry about whether our kids are doing well in school, what kind of friends they're hanging around with, if they're drinking or using other drugs, and most of all, how to keep them safe from all the violence that exists.

Our protective instinct makes us wish we could keep our kids close at hand twenty-four hours a day, making sure they're doing the right thing and staying out of harm. But we can't. Even though we want desperately to keep our kids safe, we can't protect them when they're out of our sight—at school, with friends, or out on the streets. And even if we could, we know that we have to let our children grow up and gradually leave the nest.

How can we stop worrying and start trusting that our kids will make the right choices?

So where does that leave us? How can we stop worrying and start trusting that our kids will make the right choices in an often dangerous world where violence, alcohol, and other drug use have become the norm? The answer is this: By EMPOWERING our kids. By helping them learn how to be sensible, safe, and secure.

That's what every parent wants. We want our children to develop into confident, competent individuals who are able to stand on their own, avoid peer pressure, and be accepted and respected wherever they go. We want them to grow up to be responsible family members and upstanding citizens. We want them to learn how to make healthy choices that ensure their well-being at every stage of their lives.

And we can. IF we're willing to start **EMPOWERING** them.

One of the surest ways to empower our kids is to teach them how to handle their anger in nonviolent ways.

When kids learn from their parents how to handle anger appropriately, they are empowered to act sensibly so they'll stay safe and feel more secure inside. Not all parents are good role models when it comes to handling their own anger appropriately. For many parents, trying to juggle the demands of family and work creates tremendous worry and frustration that comes out as anger—and it doesn't always come out in the right way. When anger *is* expressed *inappropriately,* it can be contagious. For example, when we lash out or yell at our partner or our kids, they feel angry too, and may take it out on someone else in the family who then takes *their* anger out on the next person who gets in the way. Even the family dog can be a victim of anger if he or she happens to be in the line of fire. This domino effect leaves ***everyone*** in the family feeling battered, bruised, and victimized.

Ideally the family setting is one place where kids should never have to worry about anger expressed inappropriately or in violent ways. To help our kids feel safe and secure, we'll want to explore how to deal with our own anger in a healthy way.

Why is learning to handle anger so important? Because when anger isn't expressed in an appropriate way, it becomes violence. We define violence as *any mean word, look, sign, or act that hurts another person's body, feelings, or possessions.* Violence is ***not*** what we want our kids to learn. For example, when we get angry, we may hurt our kids' feelings by using **words** as **weapons,** words that are sarcastic, accusing, or critical. Too often, kids today may go ***beyond*** using words as weapons. Instead, they use fists, knives, guns, or other weapons to deal with their anger. So it's urgent that we teach our kids—and ourselves—how to handle our anger ***before*** it handles us!

Parents don't intentionally express anger inappropriately. Some simply haven't learned how and so they end up using the same ineffective methods they observed as kids growing up in their own family. It's never too late to learn an effective and constructive way to express our anger. If we choose not to learn, we may inadvertently teach our kids to handle anger in violent ways such as:

Using words as weapons

Although most of us grew up with the saying, "Sticks and stones may break my bones, but words will never hurt me," in fact, words do hurt. Using sarcasm, put-downs, judgments, or name calling makes our kids feel threatened and insecure. The message is "***You're*** no good" or "***You're*** unlovable" rather than, "What I'm angry about is your *behavior.*" Our kids learn to imitate us by being verbally disrespectful or abusive to others around them.

Using threats or intimidation

Threatening or intimidating kids is a form of violence. When we threaten or intimidate our kids, for instance, saying: "Do that again, and you'll really have something to worry about!" or "Just wait 'til your father comes home!" we frighten our kids, which makes them resentful instead of receptive. It causes them to lose respect and trust for us. Our kids may deal with their resulting feelings of fear and resentment by threatening or intimidating others to get even. Or they may turn to alcohol or other drugs to numb their feelings.

Using physical violence

There is never any excuse for using force to express violence toward kids. Expressing anger by hitting, kicking, or hurting kids in *any* way is entirely inappropriate and extremely destructive. Physical abuse teaches our kids to use violence to get even or get what they want, instead of expressing their feelings in a constructive and positive way.

It's clear that using words as weapons or physical force to handle anger is unacceptable and gives kids the wrong message. But there's another, less obvious way some parents have learned to handle anger and that is to deny the anger—to pretend they don't feel it—that everything is okay, when it isn't. But "stuffing" feelings doesn't work. When we deny our anger it bottles up inside and builds like hot air in a balloon. Ultimately, we too may either explode and lash out in violent ways or shut down and feel depressed. Like our children, that is when we are most vulnerable to using alcohol or other drugs to handle our anger.

Even though our kids ***act*** as though they are ignoring us, they constantly watch what we do. Consequently, they learn to ***act*** as we do. For example, let's say we're angry that our husband (or wife) is an hour late coming home from work. The lovely dinner we've labored over is now cold, everyone in the family is hungry, and by the time our spouse sits down at the table we've reached the boiling point. When he or she comments on the lukewarm casserole, we explode, screaming, "If you say one word about my meatloaf, I'll dump it on your head!"

There are other, much more effective ways to handle anger without shouting, name-calling, hitting, kicking, threatening, or using a weapon to get even. And here's the good news: Learning to handle anger can be easy! All we need to do is learn how to use these four **ABCD** steps. Here's what each stands for:

A is for AWARE

When we *know* we're getting angry (our face turns red, we feel hot inside, our fists are clenched, we start to shout), we can move on to Step B.

B is for BACK OFF

When we give ourselves time to cool down and sort out what's wrong and what we're really feeling, we can move on to Step C.

C is for CHOICES and CONSEQUENCES

Now we can consider the choices we have for handling our anger and the consequences that could result from each choice, which leads us to Step D.

D is for DECIDE and DO

Having considered our choices and the consequences that are likely to happen with each choice, we can decide which one is safest for everyone and do it!

The ABCD steps empower kids to ***choose*** how to handle their anger in ***every*** situation and to be responsible for their choices. Kids learn an extremely important lesson: that no one can *make* them express anger in violent ways. It's ***their*** choice.

The next six scenarios illustrate how to successfully use the **ABCD** steps to teach our kids how to deal with anger without violence:

SCENARIO ONE: Becky runs into the kitchen where Mom is, crying and screaming, "Michael hit me!" Michael runs in after her, Becky turns and swings at him. "Stop that," says Mom, asking, "What's going on here?" Michael angrily defends himself, complaining that his little sister keeps taking his things without asking. "Is that right?" Mom asks Becky. "I was ***going*** to put it back," she replies. Mom tells Becky that it's not okay to take Michael's toys without asking. Then she turns to Michael and says, "I understand why you're mad, but it's never okay to hit anyone, no matter how angry you are." Both Michael and Becky lose a privilege for acting inappropriately. "That's not fair!" complains Michael. "She made me hit her!" Becky retaliates with, "Did not!" Mom puts a hand on each of her children's shoulders and acknowledges that it's okay for each of them to ***feel*** angry but that she expects them to learn how to handle their anger in the *right* way.

Mom is on the right track. She introduces the ABCD steps by engaging her kids in the following dialogue. First, she explains Step A—being *aware*—by asking Michael to describe what it feels like inside when he's angry. Michael answers, "I feel hot, like I'm going to explode." Mom says, "Good," then suggests that when he feels that way, he take the next step, B—*back off and cool down.* She then turns to Becky and asks what she thinks it means to "back off." Her young daughter shows that she understands this concept by saying, "Like stop? Or go somewhere 'til you're not so mad?" "Yes, good!" says Mom, reinforcing the idea that taking a time off to cool down helps us to think about what's happened and how we might ***really*** feel inside.

Because anger is often a cover for ***other*** underlying feelings, Mom gives some examples, such as feeling hurt or sad. Mom goes on to show how being ***aware*** of your feelings and ***backing off*** allows us to proceed to Step C—thinking what choices we have for handling our angry feelings and what the consequences could be. She reminds her kids that hitting, calling names or breaking someone's possessions to get even is one choice, but it's the *wrong* choice. Michael defends hitting Becky by saying, "But I *told* her to not touch my stuff but she doesn't listen!" Mom asks Michael to consider some other choices. He can't come up with any and complains that Mom won't *let* him lock his door, and if he ***tells*** her when Becky takes something, that's ***snitching.*** So what's he supposed to do? Mom responds by offering some other options; It's not snitching if Michael comes to her when Becky keeps taking his things without asking. "On the contrary," she explains, "that's a *sensible* choice because it prevents a fight and keeps everyone ***safe***—a good example of Step D—***deciding*** what's sensible and safe and ***doing*** it.

Scenario One illustrates the importance of making it clear to our kids that it's okay to *feel* angry, but it's *not* okay to *express* anger with violence. So what is an appropriate way for kids to express anger? One good way is for kids to talk their feelings out with someone—a parent, another adult, or a trusted friend. Our kids do need to be shown how to express anger appropriately by their parents, especially when their parents have had the experience of backing off and getting perspective, as we see in the next scenario.

SCENARIO TWO: Jenny is talking on the phone, carrying on about a classmate she's furious at, using every four-letter word in the book: "She's such a slut! Everyone says so. She's always throwing herself at boys. And she's a lying little bi...."

Jenny suddenly realizes her dad has overheard her and quickly gets off the phone. Dad calmly says, "Jenny, what did Mom and I tell you about calling people names?" Jenny self-righteously retorts,"Well, she's been spreading stuff about *me* all over school!" Dad says, "If that's true, you have a right to ***feel*** angry, but we expect you to learn to handle your anger in the right way," thus making a distinction between Jenny's right to *feel angry* and it not being okay to express her anger with name-calling or gossip.

Jenny thinks she ***is handling*** her anger by confiding in her friend Tracy. Dad sets her straight by explaining how gossiping and spreading rumors is really using words as weapons—and that's violence. He reminds her to use the **ABCD** steps. First, he acknowledges that she's already ***aware*** of her anger and suggests that now she needs to ***back off*** and think about what she's ***really*** feeling. "Can't I just be mad?" Jenny wonders. "Sometimes," Dad agrees, "but I think there's more to this." Dad's insight helps Jenny realize that she's actually ***worried*** that her friends might believe the lies and turn against her, so she'd better fight back. Dad offers Jenny a different choice: "Why not talk to your friends and tell them how you feel?" He reassures her that her real friends will understand and stick by her, which Jenny is willing to consider.

The scenario above reveals how the **ABCD** steps can uncover other feelings that anger sometimes masks, such as hurt, sadness, fear, or jealousy. When we teach our kids to identify the real feelings beneath their anger, they are more empowered to make non-violent choices in expressing their feelings. Being able to identify and name their feelings also helps kids to stop blaming others and to take responsibility for their own part in conflicts or misunderstandings, as we see in the next scenario.

SCENARIO THREE: Ron comes into the living room carrying his schoolbooks. Concerned, Mom asks why he's late, and Ron explains that he got detention for yelling at Ms. Moody, his algebra teacher. "What happened?" Mom asks. Ron can't wait to explain how justified he was in talking back to his teacher. "She's out to get me," he begins. "It's like, Brad was messing around behind her back, but she yelled at *me* instead. That really burned me but I ***tried*** not to let it get to me—***you*** know—that **ABCD** stuff," Ron throws in to show Mom he's really tried to get with the program. "So I didn't say anything to her until after class," he continues, "but then she acted like she ***knew*** it was me, so I called her a jerk."

Ron feels justified that he's in the right. But Mom sees it differently. She explains to her son that when you try to tell someone you're angry or upset by blaming them or calling them names, it just makes things worse. Ron is told that he needs to apologize to Ms. Moody tomorrow for calling her a name, and that it would help to tell her how he *felt* about what happened by using an "I statement." For example, "I feel mad when you blame me for something I didn't do." Ron accepts Mom's advice, but says he still thinks his teacher is unfair. Mom says she understands, and tells Ron to let her know how it goes tomorrow at school.

Ron's Mom does an effective job of using the **ABCD** steps to help her son look at how he had handled the episode with his teacher. She affirms his feelings but also explains why choosing to call Ms. Moody a name wasn't appropriate and certainly hadn't worked to his advantage. She tells Ron to apologize and suggests he tell his teacher his true feelings in an appropriate way that will yield better results. Notice how she suggests that Ron use an "I statement" to express his anger to Ms. Moody, instead of a "You statement," which usually casts blame or accuses the person. "I statements," for example, "I feel angry," or "I feel hurt when you pick on me," simply describe how we feel. "*You* statements" though, for example, "You don't like me because you're always picking on me," or "You think you can boss me around," threaten others and can actually turn arguments or disagreements into violent confrontations. Teaching kids how to use "I statements," also empowers them to use their power appropriately to take care of themselves instead of feeling victimized by other peoples' behavior, as is evident in the next scenario.

SCENARIO FOUR: Michael asks his dad for advice. "I don't know what to do," he says. "This kid at school is always trying to start a fight with me. He calls me names and tries to push me around in front of everyone. I've tried that **ABCD** stuff, but I can't *talk* to him. Now, I ***have*** to fight him because if I back down, I'll look like a wimp." Dad sympathizes with Michael, who clearly doesn't want to fight, but doesn't see any other choice under the circumstances. Thankfully, Dad knows just what to say. "No one can *make* you fight, he explains, adding, "If you let this kid get to you, you give your power away. ***You have the power*** to choose ***not*** to fight him." "But I'm so mad I've ***got*** to do something," Michael says, to which his Dad responds, "Let's go shoot some hoops and talk about it some more."

Notice that Dad empowers Michael to walk away from a fight and ***doesn't*** tell him to use his power to fight back. In doing so, Dad has taken a potentially violent situation and turned it around by using the **ABCD** steps: He's encouraged Michael to be aware of his anger. He's helped him back off and take an objective look at what he's really feeling—afraid of looking like a wimp! He's offered Michael a new way to perceive the situation and encouraged him to decide on a safer, more empowering approach to handling his anger by walking away from a fight. And Dad has helped his son work off some steam with healthy exercise.

Ideally, parents would always prefer to have the wisdom, patience and fortitude to guide their kids in expressing their anger the right way. But sometimes we're so stressed out that *we* get hooked into fighting ***with*** our kids, as we see in the next scenario.

SCENARIO FIVE: Mom is really worried about how much time Jenny spends with her friend Sheila whom Mom disapproves of. On more than one occasion Sheila has skipped school, and she's constantly being grounded by her parents for staying out past curfew. After trying several times to tell Jenny how she feels, Mom finally puts her foot down, yelling, "I don't want you hanging around with that Sheila anymore! She's a little troublemaker and a bad influence!" Jenny lashes back, screaming, "You're ***always*** putting her down just because her parents are divorced. I hate you! I'm never going to talk to you again!"

We've all had angry scenes with our kids from time to time. As in any close relationship, we get angry at our kids and they get angry at us. So how are we supposed to teach our kids to handle their anger at *us* especially when we aren't expressing *our* anger in an appropriate way? Here's how Mom can rectify the situation:

Mom: "I know you're angry at me and that's okay. But there's a ***right*** way to tell me how you feel instead of threatening me. That makes it hard for me to listen to what you're saying."

Jenny: "Okay. I feel ***really*** mad at you when you trash my friends. It's not fair! You just don't like Sheila."

Mom: "I'm sorry I made judgments about Sheila. I worry that ***you'll*** get in trouble at school, too, if you hang around with her."

Jenny: "Okay, but just because ***she*** does some dumb things doesn't mean ***I*** will. I'm not a baby, you know."

Mom: "Yes, I know."

Mom and Jenny's second, more successful attempt to resolve their conflict teaches Jenny two important lessons: First, that it is possible to express parent/child anger in a constructive way. Second, how to use the same skills in other relationships outside of the family. But then there are those times when we, as parents, are so angry and frustrated that we simply lose it and try to force our kids to feel or act the way we want them to. What we need to learn to do, though, is express that anger and frustration appropriately. We have to take a deep breath and get hold of ourselves so that we can avoid expressing our anger in violent ways that we're bound to regret, as the final scenario illustrates.

SCENARIO SIX: Michael walks in the front door tracking globs of mud across the living room carpet. Dad's eyes bug out, his hair stands on end, he's ready to explode at his son. Terrified, Michael backs away, as Dad starts on a tirade, "Michael, I'm *so* angry with you! This is the third time I've told you not to track mud on the carpet." Realizing he's nearing the boiling point, Dad struggles to regain his composure, then calmly tells Michael, "I need to calm down for awhile. I expect you to clean this up ***now*** and we'll discuss the consequences after dinner." Michael, relieved to see his dad calming down, answers in a resigned voice, "Okay, Dad."

Notice how Dad used the **ABCD** steps in order to handle his ***own*** anger. The steps work for grownups, too! Dad kept a potentially explosive situation from happening by being *aware* that he was very angry, by *backing off* and calming down, by *choosing* to tell Michael what he expected him to do, and by *deciding* to table discussing the consequences until after dinner.

Teaching our kids how to use the **ABCD** steps to handle anger gives them a real sense of power, safety, and security. But if we want our kids to handle ***their*** anger, we have to remember to handle ***ours.*** In other words, we want to be congruent in our words and actions—saying what we mean, and meaning what we say. This means walking the way we talk, practicing what we preach, so our kids will take us seriously, respect us, and follow our example. If we use angry insults or put-downs, if we *tolerate* malicious gossip, bullying, or accept fighting as a way to solve problems, our kids get the message that we think it's sometimes okay to express anger with violence. We need to be consistent to be effective. When adults ***tolerate*** violent behavior by kids, the kids interpret the tolerance as ***permission*** to act that way. Then they feel *entitled* to use violence to express anger or settle disputes, which is exactly the message we don't want them to get.

If we want our kids to learn how to be peacemakers, regardless of what conflicts arise, we must take a firm stand: Violence is ***not okay***. We ***won't*** tolerate it. There's no better way to keep our kids sensible, safe, and secure.

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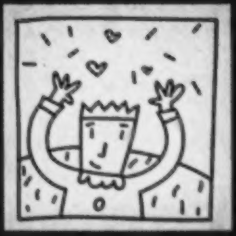

How to Teach Kids to Handle Anger Without Violence

You'll learn how to teach your child to use the **A-B-C-D** method to handle anger:

A. Be aware of angry feelings.

B. Back-off and sort out what is really happening.

C. Check out choices and the consequences of each choice.

D. Decide and do the safest thing.

The skills are simple, easy to learn, and can be used by married or single parents, grandparents, step-parents, foster parents, teachers, and other caregivers.

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The
Parenting for Prevention
Information Series

How to Teach Kids to Resolve Conflicts Without Violence

For Parents, Teachers, and Other Caregivers

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There's nothing easy about being a parent. We love our kids and want them to be happy, safe, and successful in everything they do. Naturally, we worry—it simply comes with the territory. We worry about whether our kids are doing well in school, what kind of friends they're hanging around with, if they're drinking or using other drugs, and most of all, how to keep them safe from all the violence that exists.

Our protective instinct makes us wish we could keep our kids close at hand twenty-four hours a day, making sure they're doing the right thing and staying out of harm. But we can't. Even though we want desperately to keep our kids safe, we can't protect them when they're out of our sight—at school, with friends, or out on the streets. And, even if we could, we know that we have to let our children grow up and gradually leave the nest.

How can we stop worrying and start trusting that our kids will make the right choices?

So where does that leave us? How can we stop worrying and start trusting that our kids will make the right choices in an often dangerous world where violence, alcohol, and other drug use have become the norm? The answer is this: By EMPOWERING our kids. By helping them learn how to be sensible, safe, and secure.

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And we can. IF we're willing to start **EMPOWERING** them.

One sure way to empower our kids is to teach them how to resolve conflicts in nonviolent ways.

Kids who learn from their parents how to resolve conflicts without resorting to violence, act sensibly, are safer, and feel more secure inside. And knowing how to settle disputes peacefully actually *prevents* violence.

As parents, we may sometimes feel as if a lot of our time is spent refereeing— trying to stop arguments or conflicts our kids get into. Many of these conflicts ***do*** happen at home, where we can at least try to intervene. But what happens when we're ***not*** home? Worse, what could happen when our kids get into serious conflicts with ***others***—at school, on the street, or at the mall when we're not there to intervene? Today, more than ever, our kids need to know how to resolve their ***own*** conflicts, because so often, simple misunderstandings or unavoidable accidents involving kids (or adults) turn into violent confrontations.

Although some schools ***do*** try to teach our kids how to resolve conflicts as part of a violence prevention program, it is a futile gesture unless the skill is reinforced at home by parents. But when parents ***themselves*** initiate teaching conflict resolution skills in the ***home,*** the effect on kids is far more powerful.

How do we start? First, by showing our kids how to resolve conflicts with each ***other*** in nonviolent ways at home. Here are a few typical conflicts kids may get into:

- Becky runs into the front yard pushing her older brother's bicycle. Michael let her borrow it if she promised to put it back where it belonged. But she doesn't. Instead, she leans it against a tree, runs into the house and slams the door. The impact causes the bike to dislodge, roll down the hill, and smash into the mailbox. *Thump.* Michael skateboards up the sidewalk, stops beside his mangled bike, and screams: "My bike! Becky, you wrecked my bike!"

- Ron demands that his younger sister Jenny let him have the family computer he has been working at. Jenny angrily says, "No! I'm using it!" Ron takes the mouse out of her hand, saying, "C'mon Jenny, I've got a report due tomorrow!" Jenny grabs it back, retorting, "Well, tough!" Ron grabs her papers from the desk and threatens to take off with them. Jenny jumps up, reaching for them, saying, "Hey, I need those!" Ron runs off, saying, "Tough!" Jenny chases after him.

- Mom and Dad are in the kitchen making dinner. The kids are screaming and shouting in the background. The parents look up in alarm as Michael chases Becky through the kitchen, shouting, "You wrecked it and you're gonna pay!" "Mom!" Becky screams. Ron runs by in the opposite direction, waving Jenny's papers in the air. Jenny's in pursuit, screaming, "Give 'em back, jerk!" Ron taunts her with, "Try and get 'em, zit queen!"

Use the three T's to resolve conflicts.

Sound familiar? Well, even though such conflicts between kids can cause parents to feel angry, frustrated, or even desperate, consider the good news: Teaching kids to resolve them is easy. All you need to do is to do is teach them that you expect them to remember and use the three T's to resolve conflicts:

THINK ABOUT IT.

When we're in conflict with someone, the first thing to do is ***think about it.*** This means asking ourselves what the conflict is really about and being willing to be honest about our *own* part in it.

TALK ABOUT IT.

When it's safe, we ***talk about it.*** This means telling the other person our view of the problem and agreeing to listen objectively to their view. We don't accuse or blame the person, we just state how we ***feel*** about it. Then we ask the other person how ***they*** feel about what happened and listen to their side.

TRY TO WORK IT OUT.

Finally, we ***try to work it out.*** We tell the other person what we want or expect from them, then ask them what they want or expect from us. The goal is to reach a mutually satisfying compromise.

Let's return to the scenarios above to see how the three T's work:

Mom separates Michael and Becky in the front yard, then asks them what's going on. Becky tells Mom that Michael's trying to hit her because he thinks she wrecked his bike. "I didn't!" insists Becky. "She did too!" Michael retorts. "I told her she could use it if she took care of it and then I found it by the mailbox with the wheel all smashed." Becky defends herself, insisting she didn't break it, that she just put it by the tree. Michael attacks her, saying, "I told you to leave it where you found it, brat! And to use the kickstand!"

At this point, Mom uses the three T's to teach her kids a nonviolent way to resolve the conflict. First, she tells Michael that she understands how he feels, but that no matter *what* Becky did, it's not okay to hit her or call her names. Then she goes on to teach her kids how to use the three T's to settle their disagreement so that ***everyone*** wins and ***no one*** gets hurt. Mom explains that the first T means that when you're in a conflict with someone, the first thing to do is stop and ***think about it.*** She asks Becky to consider whether she might have been careless with Michael's bike. (Notice that it doesn't matter whether or not Becky ***meant*** to hurt the bike, what matters is what actually occurred as a result of her carelessness.) Becky defiantly says, "*NO!* I left it by the tree." Michael chimes in with, "That's not where you found it and I'll bet you didn't put the kickstand down!" Becky stops and thinks for a moment, then concedes, "Well....I was in a hurry." Mom gently suggests, "So it could have rolled down and hit the mailbox?" Becky reluctantly acknowledges the possibility. Mom affirms Becky for being honest about her part in the conflict.

Now Mom tells the kids that the second T stands for ***talk about it.*** She asks Michael to tell Becky how he feels about what happened. Michael, still angry, says, "It's ***your*** fault my bike got wrecked and you're gonna pay for it!" Mom explains to Michael that threats and blaming only make things worse. Instead, she counsels him to tell Becky how he ***feels*** by making an I statement, such as "I feel mad when...." Michael responds with, "I feel mad when I let you use my bike and you don't take care of it." Mom affirms Michael's "I statement" and encourages him to ask Becky how ***she*** feels about what happened, which he reluctantly does. Becky explains that she's mad because Michael yelled at her and tried to hit her when it wasn't her fault. After all, she reminds him, she didn't ***mean*** to hurt his bike. Mom has Michael repeat what Becky said so that she knows he's heard her clearly. "Okay, you don't think it's fair because you didn't ***mean*** to."

Finally, Mom tells Michael that he did well and has her kids do the last "T": ***try to work it out.*** She asks Michael to tell Becky what ***he*** wants to happen, then has him ask Becky what ***she*** wants. Once both have stated their expectations, she encourages them to compromise. Michael says he wants Becky to pay to fix his bike. Becky says no. Since she doesn't get an allowance yet, there's no way for her to pay for it. Mom says that she and Dad will have to pay to have the bike fixed, but asks Becky what other way she can make it up to Michael, who comes up with a good compromise: "You can do one of my chores for a whole month." Becky hesitates, then says that she'd be willing to feed Frisky, the dog. Michael says that he wants her to ***walk*** the dog as well. Becky agrees. And Mom, delighted by seeing her kids come to a compromise, compliments them both for working it out.

Mom did a terrific job of gently showing Michael and Becky how to break their angry impasse and find a mutually satisfying way to resolve their conflict. Let's see whether Dad has the same success using the three T's to help Ron and Jenny work out their computer dilemma:

As you recall, we last saw Jenny chasing Ron, who was running through the living room waving her school papers while making mean comments about her complexion. Dad has caught up to the two of them and reminds them: "Mom and I expect you to resolve conflicts using the three "T's."

He takes them through the steps, beginning by asking each of them to ***think about*** what really happened and advising them to be honest about their own parts in creating the conflict. Jenny starts by lashing out, accusing Ron of "always waiting 'til the last minute and then thinking he can just....." Dad gently cuts Jenny off, reminding her to *not blame,* but rather to ***think about*** her ***own*** part in the conflict. Ron takes the lead by acknowledging that he ***did*** wait until the last minute to get the report done, but that now he's in a crisis; if he doesn't get on the computer, he might fail. Dad isn't taken in by Ron's drama, and reminds him to *avoid making threats.* He turns to Jenny, asking her to take responsibility for *her* part in the conflict. Jenny gives in a little, saying that maybe she got too mad.

Once Dad sees that both of his kids have owned their own part in the conflict, he asks both kids to tell each other how they ***felt*** about what happened. Instead of saying how she ***feels,*** though, Jenny resorts to character assassination, *accusing* Ron of always waiting until the last minute to do his assignments because he's lazy. Dad reminds Jenny that *blaming* and *calling names* doesn't help and is not okay.. He tells her instead to say how she feels, using an "I statement." Jenny says, "I feel really mad when you force me to give up the computer." Then, Ron says how ***he*** feels: "I'm mad because I don't use the computer half as much as ***you*** do, so I should be able to use it when I need to."

Dad moves on to the third "T," encouraging Ron and Jenny to ***try to work out*** their differences by each asking the other for what they want or expect. Jenny tells Ron she wants him to stop demanding that she give up the computer anytime he wants it. Ron agrees to her request, but insists he's got to have the computer *now* or he'll flunk the class. Jenny screams in frustration, "I can't believe this! He's doing it again!" Dad reminds them that they both need to compromise. Jenny takes a deep breath and tells Ron, "Okay, you can use the computer this time, but from now on you've got to tell me when you need it ahead of time. Ron comes up with a brilliant idea: "I think we should ***both*** have to ***sign up*** for it, like at school." The two kids agree to pin a sign-up sheet over the computer. The three "T's" worked—and Dad tells Ron and Jenny that he's impressed by the creative way they resolved their conflict.

This all may sound too good to be true, but in fact, it ***works!*** If we teach our kids that resolving conflicts is a skill we ***expect*** them to practice, they ***will!*** But we must also warn them that there *are* times when it isn't safe to try to resolve conflicts, for example, when one person is too angry, or when either person has been using alcohol or other drugs. In such cases, the persons involved won't be able to think clearly and are not likely to be in control of their emotions, so the conflict they are trying to resolve can easily escalate into violence. If the conflict is with a ***bully,*** it is ***never*** a good idea to try to resolve it. Instead, kids should be advised to get help from a trusted adult. Bullies are mean spirited and ***want*** to intimidate their victims.

They don't care about resolving conflicts. All they care about is wielding power over those who are younger or weaker, regardless of the cost.

As in any area of parenting, the best way to empower our kids is by being positive role models, saying what we mean, and doing what we say. Remember: Our kids watch *us* to see how we resolve our ***own*** conflicts. No matter how mature or experienced we are as parents, there are times when we may forget our kids are watching and slip into argumentative conflicts with our spouse (or partner) that send the wrong message. Fatigue, stress or frustration can keep us from having the patience and perspective to put the three T's into practice, as the following scenario illustrates:

Mom asks Dad if he will help Michael with his math assignment tonight, since she has to take Becky to the dentist after work and then rush home to fix dinner. Dad feels pressured and put-upon. He's already told a coworker that he'll go over contracts with him after work, and then he has to pick up Ron after practice. Mom isn't satisfied. She tries to pin Dad down, asking, "But you *will* be home in the ***evening*** won't you?" Dad, bristling, replies, "Yeah, but it's Monday. The game's on!" Mom, tired of being Superwoman, retorts, "Well, I can't do ***everything*** around here!" Dad defensively says, "What do you mean? I do ***plenty!***"

TIME OUT!!! Mom and Dad suddenly realize that they're doing exactly the opposite of what they're trying to teach their kids. They quickly remember the three "T's," showing their kids that they intend to practice what they preach. Dad confesses that maybe he's being stubborn, but he's been waiting all week to see that game. Mom softens up, saying she knows she's not the ***only*** one who does stuff around the house, although sometimes she ***feels*** that way. Both parents agree to do their fair share, and each asks for a little more time to relax. They try to compromise by suggesting that Mom will help Michael with his homework if Dad will make dinner and that Mom will pick up Ron if Dad will take Becky to the dentist, and....round and round they go until they ***realize the compromise isn't working.*** Instead of lessening their loads, Mom and Dad realize that nothing is resolved—they've simply traded ***jobs.***

Surprise! Something wonderful happens. The kids, seeing that in ***this*** case an easy compromise isn't possible, jump in and try to help their parents. ***They*** see the problem, too, and can tell that their parents are really trying. So Ron says he can get a ride home from Vinnie's dad. And Jenny offers to help Michael with his math, which Michael thinks is great! Now, that's a moment every parent hopes for!

But that's what happens when we do a good job of teaching our kids to resolve conflicts. We do more than keep our kids safe—we ***empower*** them to get along with others and build healthy relationships. All of which empowers us as parents. Learning—and teaching our kids—how to resolve conflicts helps *us* feel more confident and competent as parents and creates a happier and more peaceful home life, too. Best of all, we worry less about our kids because we've taught them a powerful skill that will help them be sensible, safe, and secure.

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